07/21/2011 09:47

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An	Authorized Cor	mmittee		Office Use Only	
NAME OF COMMITTEE (in full)		EC MAILING LAB PE OR PRINT 🗑	EL Example:I over the lii	f typing, type nes			
Ohio State Medical As	ssociation Politi	cal Action Committ	ee 				
ADDRESS (number and stre	eet) 340	1 Mill Run Dr					
Check if different than previously reported. (ACC)	t L	ard			OH	43026	9078
2. FEC IDENTIFICATIO	N NUMBER	~	CITY A		STATE	ZIPCOI	DE 🛕
C00003327		3	3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED	
4. TYPE OF REPOR (Choose One) (a) Quarterly Report April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re X July 31 Mid- Report(Non- Year Only) (Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year -election MY)	(d) 30-Day Post -Electic	e: Conve	May 20 (M5 Jun 20 (M6) Jul 20 (M7) ary (12P) ention (12C) ral (30G)	Sep 2	2G) in the State o	Special (30S)
5. Covering Period	01	01 2011		rough 0 6	30	2011	
I certify that I have examine Type or Print Name of Trea	·	nd to the best of mothy I. Maglione	y knowledge and be	lief it is true, correc	et and complete.		
Signature of Treasurer	Electronically F	iled by Timothy	l. Maglione		Date 07	20	2011
NOTE : Submission of fals	se, erroneous, o	r incomplete inform	nation may subject th	ne person signing t	his Report to the	penalties of 2 U.S	S.C 437g.
Office Use						FEC FOR	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

write or Type Commit	illee ivallie	
Ohio State Med	lical Association Politica	I Action Committee

		COLUMN A	COLUMN B
		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y Y		122056.41
	(b) Cash on Hand at Begining of Reporting Period	122056.41	
	(c) Total Receipts (from Line 19)	79859.58	79859.58
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	201915.99	201915.99
7.	Total Disbursements (from Line 31)	41624.63	41624.63
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	160291.36	160291.36
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

м м 0 1 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 71240.55 71240.55 (i) Itemized (use Schedule A) 8417.67 8417.67 (ii) Unitemized (iii) TOTAL (add 79658.22 79658.22 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 79658.22 79658.22 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 201.36 201.36 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 79859.58 79859.58 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 79859.58 79859.58 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Dispuisements	Page 4		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Shared Federal/Non-Federal				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	84.41	84.41		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	84.41	84.41		
P. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditure (use Schedule E)	0.00	0.00		
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
. Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements	41540.22	41540.22		
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	41624.63	41624.63		
2. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	41624.63	41624.63		
Hom Ellie 31)	71027.00	71027.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	79658.22	79658.22
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	79658.22	79658.22
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	84.41	84.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	84.41	84.41

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 111 (check only one) X
0	ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	cai Action Cc	ommittee 	
	Dr. Roger Matthew Schantz Mailing Address 1096 Red Bird Rd			Date of Receipt
	City	State	Zip Code	01 04 2011
	Loveland	OH_	45140-7163	Transaction ID: T41722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Anesthesia Group Practice Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
	Full Name (Last, First, Middle Initial) Dr. Andrew Charles Smith Mailing Address 177 Farmwood Pl			Date of Receipt
				01 05 2011
	City Gahanna	State OH	Zip Code 43230-6261	Transaction ID: T41659
	FEC ID number of contributing federal political committee.	C	43230-0201	Amount of Each Receipt this Period 250.00
	Name of Employer Provider Physicians East Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Joseph Ferrara Amato			Date of Receipt
	Mailing Address 1215 Kilham Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T41656
	Columbus FEC ID number of contributing	C	43235-2198	Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer	Occupatio	n	A Contribution to the Fed-
	Name of Employer Associates in Central Ohio Obstetrics Receipt For:	Doctor	e Year-to-Date ▼	eral PAC
	Primary General Other (specify) ▼	Aggregate	250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 111 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic			
Full Name (Last, First, Middle Initial) Dr. David Terrence Applegate, II Mailing Address 945 Walker Woods L City Marysville FEC ID number of contributing federal political committee. Name of Employer Marysville Primary Care Receipt For: Primary General Other (specify)	State OH C Occupation Doctor	Zip Code 43040-8113 Year-to-Date ▼	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Dr. Paul Forrest Armstrong Mailing Address 418 Lynshire Ln City Findlay FEC ID number of contributing federal political committee. Name of Employer Spectrum Eye Care Inc Receipt For: Primary General Other (specify)	State OH C Occupation Doctor Aggregate	Zip Code 45840-7120 Year-to-Date ▼ 250.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Dr. Mahamuni Ganesan Mailing Address 1771 Meadowlake Dr City Tiffin FEC ID number of contributing federal political committee. Name of Employer Mahamuni Ganesan Receipt For: Primary General Other (specify)	State OH C Occupation Doctor	Zip Code 44883-3278 Year-to-Date ▼ 250.00	Date of Receipt M M D D 2 0 1 1 Transaction ID: T41710 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic		
Full Name (Last, First, Middle Initial) Dr. Robert Sievers Lenobel Mailing Address 8030 Peregrine Ln City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Professional Radiology Inc Receipt For: Primary General Other (specify)	State Zip Code OH 45243-2714 C Occupation Doctor Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / 2011 Transaction ID: T41655 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. James Robert Magnussen Mailing Address 90 Jackson Pike City Gallipolis FEC ID number of contributing federal political committee. Name of Employer Holzer Clinic Inc Receipt For: Primary General Other (specify)	State Zip Code OH 45631-1562 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mary Jane Gombash Mailing Address 4571 Westbourne Rd City Toledo FEC ID number of contributing federal political committee. Name of Employer Mary J Gombash MD Receipt For: Primary General Other (specify)	State Zip Code OH 43623-2015 C Occupation Doctor Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may be name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	mmittee	_
	Full Name (Last, First, Middle Initial) Dr. David M Burkons			Date of Receipt
	Mailing Address 21249 S Woodland F	(a		01 11 2011
	City Shaker Hts	State OH	Zip Code	Transaction ID: T41742
	Shaker Hts FEC ID number of contributing	С	44122-3021	Amount of Each Receipt this Period 250.00
	federal political committee.	0		
	Name of Employer Dr David Burkons MD	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Costas Harry Kefalas			Date of Receipt
	Mailing Address 570 White Pond Dr S	te 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T41766
	Akron	OH	44320-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Akron Digestive Disease Consultants In	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	350.00	
_	Full Name (Last, First, Middle Initial) Dr. Sonja Lichtenstein-Zayne			Date of Receipt
	Mailing Address 2439 Dorman Dr			01 12 2011
	City	State	Zip Code	Transaction ID: T41770
	Portsmouth	ОН	45662-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ibrahim M Zayneh MD	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			850.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 111 (check only one) X 11a
, C	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
_	Full Name (Last, First, Middle Initial) Dr. Marios Costas Pouagare			Date of Receipt
	Mailing Address 1762 W Rahn Rd			01 12 7 2011
	City Dayton	State OH	Zip Code 45459-1440	Transaction ID: T41765 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10100 1110	250.00
	Name of Employer Digestive Specialists Inc	Occupation	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. John Samuel Liggett, Jr.			Date of Receipt
	Mailing Address 1945 S Kemp Rd			01 14 2011
	City	State	Zip Code	Transaction ID: T41790
	Lima FEC ID number of contributing federal political committee.	ОН	45806-9341	Amount of Each Receipt this Period 250.00
	Name of Employer New Century Pediatrics	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. James Garret Mouser			Date of Receipt
	Mailing Address 1892 Bedford Rd			0 1 1 9 2 0 1 1
	City	State	Zip Code	Transaction ID: T41819
	<u>Columbus</u>	OH	43212-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer James L Moses MD Inc DBA Ophthalmology	Occupation Doctor	_	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 111 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Julia Ann Heng Mailing Address 7630 Hobby Horse Ln City Mentor FEC ID number of contributing federal political committee. Name of Employer Madison Family Practice Receipt For: Primary General Other (specify)	State Zip Code OH 44060-6822 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 9 2 0 1 1 Transaction ID: T41817 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert Mailing Address 790 W Rahn Rd City Kettering FEC ID number of contributing federal political committee. Name of Employer Paragon Womens Care Inc Receipt For: Primary General Other (specify)	State Zip Code OH 45429-2043 C Occupation Doctor Aggregate Year-to-Date 250.03	Date of Receipt M M / 20 / 2011 Transaction ID: T34985 Amount of Each Receipt this Period 250.03 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Thomas George Olbrych Mailing Address 338 Nicole Ln City Sagamore Hills FEC ID number of contributing federal political committee. Name of Employer The Cleveland Clinic Foundation Receipt For: Primary General Other (specify)	State Zip Code OH 44067-4137 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: T41896 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
SUBTOTAL of Receipts This Page (optional)		750.03

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 111 (check only one) X 11a
or	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	ical Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Michael Richard Petersen			Date of Receipt
	Mailing Address 350 Oliver Rd			01 26 2011
	City	State	Zip Code	Transaction ID: T41950
	Cincinnati	OH	45215-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cincinnati Eye Institute	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3	250.00	
	Full Name (Last, First, Middle Initial) Dr. Curtis Wayne Hawkins			Date of Receipt
	Mailing Address 2420 Balmoral Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T41964
	Akron	OH	44333-2976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Curtis W Hawkins MD	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Deepak Kumar			Date of Receipt
	Mailing Address 1425 Brittany Hills Dr	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T41952
	Dayton	OH	45459-1421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dayton Colon & Rectal Cen- ter Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 111 (check only one) X
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) o State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. R Mailir City Nasi FEC feder Name Eye S Zane	Alame (Last, First, Middle Initial) oss Calvin Bloomberg ng Address 4470 Dockray Dr hport ID number of contributing al political committee. e of Employer Surgery Associates Of sville I ipt For: Primary General Other (specify)	State OH C Occupatio Doctor Aggregate	Zip Code 43830-9057 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: T41942 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
B. Dr. Ju Mailir City Clev FEC feder Name	Name (Last, First, Middle Initial) Jan Miguel Miguel Proano ng Address 1937 Staunton Rd Teland ID number of contributing al political committee. The of Employer ster Urology LLC To primary General Other (specify)	State OH C Occupatio Doctor Aggregate	Zip Code 44118-2263 n e Year-to-Date ▼	Date of Receipt M
City Cinc FEC feder Name The Ciates	Jame (Last, First, Middle Initial) buis Richard Roedersheimer ng Address 5393 Manortree Ct cinnati ID number of contributing al political committee. e of Employer Cranley Surgical Assos Inc ipt For: Primary General Other (specify)	State OH C Occupatio Doctor Aggregate	Zip Code 45238-3615 n e Year-to-Date ▼ 250.00	Date of Receipt M M M / 26 2011 Transaction ID: T41946 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
SUBTO	TAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 111 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Ohio State Medical Association Pol	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	Tilical Action Co	mmuee	
Dr. David B Robie Mailing Address 4605 Sawmill Rd			Date of Receipt
City	State	Zip Code	0 1 2 6 2 0 1 1 Transaction ID: T41944
Upper Arlington FEC ID number of contributing federal political committee.	OH C	43220-2246	Amount of Each Receipt this Period 500.00
Name of Employer Ohio Orthopedic Center Of Excellence I	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John Warner Thomas Mailing Address 3418 Tamarack Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	0 1 2 6 2 0 1 1 Transaction ID: T41941
Wooster FEC ID number of contributing federal political committee.	C	44691-7206	Amount of Each Receipt this Period 1000.00
Name of Employer Wooster Eye Center	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Roy Hamilton Thomas	I		Date of Receipt
Mailing Address 152 Woodridge Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Elyria	State OH	Zip Code 44035-1718	Transaction ID: T41951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44000 17 10	1000.00
Name of Employer The Elyria Eye Clinic Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	D		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/111 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Poli	itical Action Co	mmittee	
Full Name (Last, First, Middle Initial) Dr. Edward Lee Westerheide			Date of Receipt
Mailing Address 800 Westwood Dr			M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: T41943
Newark FEC ID number of contributing federal political committee.	OH C	43055-9013	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialists And Sports Med	Occupation Doctor	_	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert Lewis Hill	I		Date of Receipt
Mailing Address 3402 W Stoneway D)r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sandusky	State OH	Zip Code	Transaction ID: T42020
FEC ID number of contributing federal political committee.	C	44870-7400	Amount of Each Receipt this Period 500.00
Name of Employer NOMS Internal Medicine	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard Thomas Hoback			Date of Receipt
Mailing Address 7702 Normandy Ln			0 2 0 2 2 0 1 1
City	State	Zip Code	Transaction ID: T42068
Centerville FEC ID number of contributing federal political committee.	OH C	45459-4118	Amount of Each Receipt this Period 250.00
Name of Employer Center-Med Family Practice	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 111 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Dr. Susan Marie Komorowski Mailing Address 6221 Hempstead Mev City	vs State	Zip Code	Date of Receipt M M
	Dayton FEC ID number of contributing federal political committee.	OH C	45459-1511	Amount of Each Receipt this Period 250.00
	Name of Employer Obstetrics & Gynecology South Inc Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	n e Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
	Full Name (Last, First, Middle Initial) Dr. Walter Charles Hartel Mailing Address 219 Patterson Rd			Date of Receipt 0 2 0 2 2 0 1 1
	City	State	Zip Code	Transaction ID: T42063
	Dayton FEC ID number of contributing federal political committee.	ОН	45419-3932	Amount of Each Receipt this Period 250.00 A Contribution to the Fed-
	Name of Employer Dayton Eye Associates Inc Receipt For: Primary General Other (specify)	Occupation Doctor Aggregate	e Year-to-Date ▼ 250.00	eral PAC
	Full Name (Last, First, Middle Initial) Dr. Paul David Moyer Mailing Address 520 Bruton Cir			Date of Receipt 0 2 0 2 2 0 1 1
	City	State	Zip Code	Transaction ID: T42071
	Dayton FEC ID number of contributing federal political committee.	OH C	45429-1624	Amount of Each Receipt this Period 350.00
	Name of Employer Dayton Eye Associates Inc	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/111 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Ohio State Medical Association Pol			
Full Name (Last, First, Middle Initial) Dr. Richard Paul Morin			Date of Receipt
Mailing Address 105 E Mills Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45215-4331	Transaction ID: T42058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13213 1301	250.00
Name of Employer Queen City Surgical Consu- Itants	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Henry Byers, Jr.			Date of Receipt
Mailing Address 65 Woods Edge Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilmington	State OH	Zip Code 45177-7507	Transaction ID: T42062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101111001	250.00
Name of Employer Dr Richard H Byers	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Vera Clem Chalfant			Date of Receipt
Mailing Address 906 Ridge Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ashland	State OH	Zip Code 44805-1007	Transaction ID: T42061 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44005-1007	250.00
Name of Employer Vera Chalfant, MD	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		750.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/111 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit	tical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Richard Joseph Wiseley			Date of Receipt
Mailing Address 6857 Ridgewood Trl			02 02 2011
City	State OH	Zip Code	Transaction ID: T42069
Toledo FEC ID number of contributing federal political committee.	С	43617-1181	Amount of Each Receipt this Period 350.00
Name of Employer Drs Wiseley & Hunter Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Mark Thomas Poynter			Date of Receipt
Mailing Address 887 Country Club Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45245-2833	Transaction ID: T42070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43243-2000	250.00
Name of Employer Queen City Surgical Consu- Itants	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark David Schmiedl			Date of Receipt
Mailing Address 1831 Cedar Point Ro	d		0 2 0 7 2 0 1 1
City Sandusky	State OH	Zip Code 44870-5211	Transaction ID: T42133
FEC ID number of contributing federal political committee.	C	44070-3211	Amount of Each Receipt this Period 250.00
Name of Employer ER-DOC Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		850.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
2	Full Name (Last, First, Middle Initial)	ai Action Co	ommittee 	
A.	Dr. William Charles Sternfeld Mailing Address 4321 Dovewood Ln			Date of Receipt
	City	State	Zip Code	0 2 1 4 2 0 1 1 Transaction ID: T42184
	<u>Sylvania</u>	OH	43560-4409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Toledo Clinic Inc	Occupation	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Б.	Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert	1		Date of Receipt
	Mailing Address 790 W Rahn Rd			02 16 2011
	City	State	Zip Code	Transaction ID: T41824
	Kettering FEC ID number of contributing federal political committee.	OH C	45429-2043	Amount of Each Receipt this Period 83.33
	Name of Employer Paragon Womens Care Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General	, ·	e Year-to-Date ▼	1
_	Other (specify) ▼		333.36	
C.	Full Name (Last, First, Middle Initial) Dr. Richard Robert Ellison			Date of Receipt
	Mailing Address 726 White Tail Ridge I	Dr		02 16 2011
	City <u>Fa</u> irlawn	State OH	Zip Code	Transaction ID: T41836
	FEC ID number of contributing federal political committee.	C	44333-3290	Amount of Each Receipt this Period
	Name of Employer Summit Ophthalmology Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 222.22	
	SUBTOTAL of Receipts This Page (optional)			1194.44
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 111 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Pol	litical Action Co	mmittee	
Full Name (Last, First, Middle Initial) Dr. John Alan Fink			Date of Receipt
Mailing Address 2939 Arborry Hill D	r		0 2 1 7 2 0 1 1
City	State	Zip Code	Transaction ID: T42244
Richfield FEC ID number of contributing federal political committee.	OH C	44286-9734	Amount of Each Receipt this Period 250.00
Name of Employer Akron Vascular Associates Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bradley D. Carman			Date of Receipt
Mailing Address 925 Ash Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marietta	State OH	Zip Code 45750-7859	Transaction ID: T42247
FEC ID number of contributing federal political committee.	C	45750-7659	Amount of Each Receipt this Period 500.00
Name of Employer Surgical Associates Of Ma- rietta Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Evangeline C Andarsio			Date of Receipt
Mailing Address 841 Timberlake Ct			0 2 1 7 2 0 1 1
City Kettering	State OH	Zip Code	Transaction ID: T42246
FEC ID number of contributing federal political committee.	C	45429-3495	Amount of Each Receipt this Period
Name of Employer Drs Andarsio Morales & Co- lon MD	Occupation Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 111 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Ronald Ceasar Agresta Mailing Address 4644 Lexington Dr City Steubenville FEC ID number of contributing federal political committee. Name of Employer Fort Steuben Ophthalmologists Inc Receipt For: Primary General Other (specify)	State OH C Occupation Doctor	Zip Code 43953-3442	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 1 7 2 0 1 1 Transaction ID: T42245 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Harris Slavin Schild Mailing Address 3925 Deerpath Dr City Sandusky FEC ID number of contributing federal political committee. Name of Employer The Eye Team Inc Receipt For: Primary General Other (specify)	State OH C Occupation Doctor Aggregate	Zip Code 44870-6088 Year-to-Date ▼ 350.00	Date of Receipt M M / D D / Y Y Y Y Y 0 2 1 7 2 0 1 1 Transaction ID: T42249 Amount of Each Receipt this Period 350.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Marvin Horton Rorick, III Mailing Address 8020 Peregrine Ln City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Riverhills Healthcare Inc Receipt For: Primary General Other (specify)	State OH C Occupation Doctor Aggregate	Zip Code 45243-2714 1 Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)			1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Polit	ical Action Co	mmittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Ronald Elias Warwar			Date of Receipt
	Mailing Address 10 Monteray Rd			02 18 2011
	City	State	Zip Code	Transaction ID: T42259
	Dayton	OH	45419-2565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Warwar Eye Group	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffrey Bruce Studebaker	-		Date of Receipt
	Mailing Address 9100 Westbrook Rd			02 23 2011
	City	State	Zip Code	Transaction ID: T42324
	Brookville	OH	45309-8306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Studebaker Family Practice Inc	Occupation Doctor	1	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Louise Anne Doyle			Date of Receipt
	Mailing Address 1788 Strathshire Hal	l Pl		02 23 2011
	City	State	Zip Code	Transaction ID: T42323
	Powell	OH	43065-9436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mid Ohio Eye Physicians & Surgeons	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Y)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/111 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Poli	itical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Joseph John Moravec			Date of Receipt
Mailing Address 12 Albion Ln			02 23 2011
City Cincinnati	State OH	Zip Code 45246-4702	Transaction ID: T42321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10210 1102	350.00
Name of Employer Facial Surgery Center	Occupation	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Stannard Baird Pfahl, Jr.			Date of Receipt
Mailing Address 922 Hidden Valley [Or		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huron	State OH	Zip Code 44839-2688	Transaction ID: T42319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer S. Baird Pfahl, MD	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Charles Joseph Hickey			Date of Receipt
Mailing Address 1590 Barrington Rd			02 23 2011
City Columbus	State OH	Zip Code 43221-3882	Transaction ID: T42325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43221-3002	1000.00
Name of Employer Columbus Ophthalmology As- sociates Inc	Occupation Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I		1700.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used an and address of any politica	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	cal Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Joseph Abdel-Maseeh Girgis		Date of Receipt
	Mailing Address 30153 Adams Ln		02 23 7 2011
	City	State Zip Code	Transaction ID: T42326
	Westlake FEC ID number of contributing federal political committee.	OH 44145-6446	Amount of Each Receipt this Period 1000.00
	Name of Employer Superior Medical Care	Occupation	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		1000.00
_	Full Name (Last, First, Middle Initial) Dr. Mark Eugene Hostettler	1	Date of Receipt
	Mailing Address 921 Dogwood Trl		02 23 2011
	City	State Zip Code	Transaction ID: T42322
	Alliance	OH 44601-5299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Internal Medicine Physici- ans	Occupation Doctor	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
	Full Name (Last, First, Middle Initial) Dr. Margaret M. Dunn	ı	Date of Receipt
	Mailing Address 381 N Fairfield Rd		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: T42548
	Beavercreek	OH 45430-1741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Wright State Physicians Department Of	Occupation Doctor	A Contribution to the Federal PAC
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00
Г			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/111 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Po	litical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Richard Allen Fankhauser			Date of Receipt
Mailing Address 1911 Marblecliff Cr	ossing Ct		03 09 2011
City Columbus	State OH	Zip Code 43204-4968	Transaction ID: T42607 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000	250.00
Name of Employer Columbus Bone Joint & Hand Surgeons In	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Joseph Anders Mailing Address 20 Transpare Mail			Date of Receipt
Mailing Address 32 Tremore Wy			03 09 2011
City Holland	State OH	Zip Code 43528-9108	Transaction ID: T42612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Anders Dermatology Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Richard Henry Byers, Jr.			Date of Receipt
Mailing Address 65 Woods Edge Ct			03 09 2011
City Wilmington	State OH	Zip Code 45177-7507	Transaction ID: T42604
FEC ID number of contributing federal political committee.	C	43171-1301	Amount of Each Receipt this Period
Name of Employer Dr Richard H Byers	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional			700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 111 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit	Statements may not be sold or used by any person the name and address of any political committee to state and address of any political committee to state and address of any political committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. G Mark Burton Mailing Address 2736 Edgehill Rd City Ottawa Hills FEC ID number of contributing federal political committee. Name of Employer Toledo Clinic Inc	State Zip Code OH 43615-2328 C	Date of Receipt M M
Receipt For: Primary General Other (specify)	Doctor Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James William Buckreus Mailing Address 8973 Tecumseh Cov City Huntsville FEC ID number of contributing federal political committee. Name of Employer Bellefontaine Ob/Gyn Inc Receipt For: Primary General Other (specify)	e Ct State Zip Code OH 43324-9400 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Harold Andrew Ballitch Mailing Address 1776 Victoria Ct City Mansfield FEC ID number of contributing federal political committee. Name of Employer Advanced Eye Care Center Inc Receipt For: Primary General Other (specify)	State Zip Code OH 44906-5003 C Occupation Doctor Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / D D / 2 0 1 1 Transaction ID: T42620 Amount of Each Receipt this Period 1000.00 A Contribution to the Federal PAC
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 111 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Daniel Garritano Mailing Address 7955 Cedar Park Dr City Canfield FEC ID number of contributing federal political committee. Name of Employer Daniel Garritano MD Receipt For: Primary General Other (specify)	State Zip Code OH 44406-8756 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2 2 0 1 1 Transaction ID: T42601 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Gregory Douglas Gerber Mailing Address 4818 Kilkerry Dr City Middletown FEC ID number of contributing federal political committee. Name of Employer Mid-Valley Gastroenterology Associates Receipt For: Primary General Other (specify)	State Zip Code OH 45042-3012 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O Y Y Y Y Y O 3
Full Name (Last, First, Middle Initial) Dr. Linda Toivonen Swan Mailing Address 3097 Dresden Rd City Zanesville FEC ID number of contributing federal political committee. Name of Employer PrimeCare Of Southeastern Ohio Inc Receipt For: Primary General Other (specify)	State Zip Code OH 43701-1541 C Occupation Doctor Aggregate Year-to-Date 1000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .	1	1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 111 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Noel J Watson			Date of Receipt
	Mailing Address 1225 W Market St			03 / 09 / 2011
	City Germantown	State OH	Zip Code 45327-1715	Transaction ID: T42610 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence Medical Group Inc/Health Pa Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼	A Contribution to the Federal PAC
_	Full Name (Last, First, Middle Initial) Dr. Mary Jo Panzone Welker Mailing Address 5150 Johnstown Rd			Date of Receipt 0 3 0 9 2 0 1 1
	City	State	Zip Code	Transaction ID: T42615
	New Albany	OH	43054-9504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer OSU Rardin Family Practice Center	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Dr. John O Vlad			Date of Receipt
	Mailing Address 8583 Kimblewick Ln I	NE		03 09 2011
	City	State	Zip Code	Transaction ID: T42616
	Warren FEC ID number of contributing federal political committee.	OH C	44484-2067	Amount of Each Receipt this Period 350.00
	Name of Employer Vlad Pediatrics/John O VI- ad MD Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary Other (specify)		e Year-to-Date ▼ 350.00	
Γ	SUBTOTAL of Receipts This Page (optional)			950.00

	ULE A (FEC Form 3X ED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 111 (check only one)
Any informa	ation copied from such Reports and	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME C	DF COMMITTEE (In Full) tate Medical Association Poli			
	ne (Last, First, Middle Initial)			Date of Receipt
	Address 1926 Collingswood I	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columl	hus	State OH	Zip Code 43221-3740	Transaction ID: T42603 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	43221-3740	250.00
Name of Columbi Itants In	Employer us Cardiology Consu- c	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt Pr		Aggregate	Year-to-Date ▼ 250.00	
	ne (Last, First, Middle Initial) ew James Reid			Date of Receipt
	Address 1216 S Main St			03 09 7 2011
City Findlay	,	State OH	Zip Code 45840-2267	Transaction ID: T42617
FEC ID	number of contributing solitical committee.	C	43040-2207	Amount of Each Receipt this Period 285.00
Name of Findlay I	Employer Ear Nose & Throat tes I	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt Pr		Aggregate	e Year-to-Date ▼ 285.00	
	ne (Last, First, Middle Initial) Russell Jennewine			Date of Receipt
	Address 6850 Sloebig Rd			03 10 2011
City Middlet	town	State OH	Zip Code 45042-9448	Transaction ID: T42651
FEC ID	number of contributing political committee.	C	43042-3440	Amount of Each Receipt this Period 250.00
Inc	Employer wn Medical Group	Occupation Doctor		A Contribution to the Federal PAC
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SURTOTA	L of Receipts This Page (optional)			785.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Angela Mae Novy		Date of Receipt
Mailing Address 137 Redwood Rd	Chata Zin Coda	03 10 2011
City Mansfield	State Zip Code OH 44907-2453	Transaction ID: T42653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ashland Endocrinology	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mary Jean Wall	. L	Date of Receipt
Mailing Address 251 Euclid Ave		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: T42737
Bellevue	OH 44811-1045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Central Radiology & Imaging Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley		Date of Receipt
Mailing Address 162 New Haven Dr		03 / 15 / 2011
City	State Zip Code	Transaction ID: T40163
Urbana	OH 43078-2252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33 A Contribution to the Fed-
Name of Employer Family Physicians Of Urba- na Inc	Occupation Doctor	eral PAC
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	249.99	
SUBTOTAL of Receipts This Page (optional)		833.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
Ohio State Medical Association Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Richard Robert Ellison Mailing Address 726 White Tail Ridge	e Dr	Date of Receipt
City	State Zip Code	0 3 1 5 2 0 1 1 Transaction ID: T41837
<u>Fairlawn</u>	OH 44333-3290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111.11
Name of Employer Summit Ophthalmology Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert		Date of Receipt
Mailing Address 790 W Rahn Rd		03 / 05 / 2011
City	State Zip Code	Transaction ID: T41825
<u>Kettering</u>	OH 45429-2043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Paragon Womens Care Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.69	
Full Name (Last, First, Middle Initial) Dr. George Patrick Ecklar		Date of Receipt
Mailing Address 3993 Old Poste Rd		03 / 16 / 2011
Columbus	State Zip Code	Transaction ID: T42790
Columbus	OH 43221-4906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 A Contribution to the Fed-
Name of Employer Metro West Internal Medic- ine	Occupation Doctor	eral PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	444.44

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 111 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
_	Full Name (Last, First, Middle Initial) Dr. Robert L Barker			Date of Receipt
	Mailing Address 4460 Royal Ridge Wa	ay		03 / 16 / Y Y Y Y
	City	State	Zip Code	Transaction ID: T42793
	<u>Dayton</u>	OH	45429-1355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Dayton Acute Care Consultants In Receipt For: Primary General	Occupation Doctor Aggregate	e Year-to-Date ▼	A Contribution to the Federal PAC
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Keith Robert Berend		500.00	Date of Receipt
	Mailing Address 7419 Helmsley Grn			03 16 2011
	City	State	Zip Code	Transaction ID: T42798
	New Albany	OH	43054-8153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Joint Implant Surgeons Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Diane M Bernardi			Date of Receipt
	Mailing Address 12277 County Rd E3	5		03 16 2011
	City	State	Zip Code	Transaction ID: T42797
	Bryan	OH	43506-8309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Midwest Community Health Associates -	Occupatio Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 111 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit			
Full Name (Last, First, Middle Initial)			
Dr. Premanand K. Nayak Mailing Address 11440 Brattle Ln			Date of Receipt 0 3 1 6 2 0 1 1
City	State	Zip Code	Transaction ID: T42796
Cincinnati FEC ID number of contributing federal political committee.	OH C	45249-3608	Amount of Each Receipt this Period 350.00
Name of Employer Wellington Orthopaedics & Sports Medic	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Richard Norman Nelson Mailing Address 262 Alumwood Dr			Date of Receipt
City	State	Zip Code	0 3 1 6 2 0 1 1 Transaction ID: T42794
Westerville	ОН	43081-1401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OSU Emergency Medicine LLC	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin James Martin			Date of Receipt
Mailing Address 7305 Stone Gate Dr			03 16 2011
City New Albany	State OH	Zip Code 43054-8230	Transaction ID: T42795 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Central Ohio Urology Group	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 111 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Ohio State Medical Association Politic	cal Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Mary Margaret Knoedler Mailian Address 5777 L. Charles			Date of Receipt
Mailing Address 5777 Lu Clare Dr City	State	Zip Code	0 3 1 6 2 0 1 1
Cincinnati	OH	45233-1902	Transaction ID: T42800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Oxford Radiology Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Darrell Smucker			Date of Receipt
Mailing Address PO Box 228	Chaha	7'o Code	03 / 16 / 2011
City Westfield Ctr	State OH	Zip Code 44251-0228	Transaction ID: T42792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77201 0220	250.00
Name of Employer Smucker Gerontologic Serv- ices	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Peggy J. St Clair			Date of Receipt
Mailing Address 9633 Valley View Rd L			03 / 17 / 2011
City	State	Zip Code	Transaction ID: T42845
Macedonia FEC ID number of contributing federal political committee.	OH C	44056-3007	Amount of Each Receipt this Period 250.00
Name of Employer Peggy St Clair MD	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00
TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35/111 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Po			
Full Name (Last, First, Middle Initial) Dr. Christopher C Chuirazzi			Date of Receipt
Mailing Address 2027 Timber Creek	CDr E		03 17 2011
City Cortland	State OH	Zip Code 44410-1810	Transaction ID: T42843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77710 1010	250.00
Name of Employer Warren Medical Specialists Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald Bruce Marshall			Date of Receipt
Mailing Address 7532 Scandinavia	Dr		03 23 21
City Maumee	State OH	Zip Code	Transaction ID: T42986
FEC ID number of contributing federal political committee.	C	43537-9542	Amount of Each Receipt this Period 500.00
Name of Employer Donald Marshall, DO	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Scott David Pendergast			Date of Receipt
Mailing Address 38990 Glenlivet Ct			03 23 2011
City Solon	State OH	Zip Code 44139-5917	Transaction ID: T42981
FEC ID number of contributing federal political committee.	C	44133-3317	Amount of Each Receipt this Period 250.00
Name of Employer Retina Associates Of Clev- eland Inc	Occupation Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (options	-1		1000.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 111 (check only one) X
or for com	nation copied from such Reports and smercial purposes, other than using the OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ohio :	State Medical Association Politic	cal Action Co	ommittee	
Dr. Cha	ıme (Last, First, Middle Initial) arles David Joffe			Date of Receipt
Mailing	Address 549 W David Pkwy			03 / 23 / 2011
City Dayto	on	State OH	Zip Code 45429-1977	Transaction ID: T42983 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	С		250.00
Name of The Da	of Employer ayton Heart Center	Occupatio Doctor	n	A Contribution to the Federal PAC
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	nme (Last, First, Middle Initial) I Joseph Foster	<u> </u>		Date of Receipt
Mailing	Address 1041 Northview Ave			03 23 2011
City		State	Zip Code	Transaction ID: T42984
Allian		OH	44601-3605	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Anesth <u>Allianc</u>		Occupatio Doctor	n	A Contribution to the Federal PAC
Receip	t For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		500.00	
	nme (Last, First, Middle Initial) pert Joseph Stephens			Date of Receipt
Mailing	Address 2091 Beech Grove Dr	•		03 23 2011
City		State	Zip Code	Transaction ID: T42990
	nnati Dinumber of contributing political committee.	OH C	45233-4915	Amount of Each Receipt this Period 350.00
	of Employer ephens & Stamler Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	rt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 350.00	
				1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
_	Full Name (Last, First, Middle Initial) Dr. Jerry Dwight Sell			Date of Receipt
	Mailing Address 4697 State Rte 707			03 23 2011
	City	State	Zip Code	Transaction ID: T42987
	Rockford	OH	45882-8958	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Family Medicine Associates	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
	Full Name (Last, First, Middle Initial) Dr. Alan Jay Rehmar			Date of Receipt
	Mailing Address 6125 Mapleton Dr			03 23 7 2011
	City	State	Zip Code	Transaction ID: T42985
	New Albany	OH	43054-8115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The Retina Group Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Marvin Horton Rorick, III			Date of Receipt
	Mailing Address 8020 Peregrine Ln			03 29 2011
	City	State	Zip Code	Transaction ID: T43114
	Cincinnati	ОН	45243-2714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Riverhills Healthcare Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	UBTOTAL of Receipts This Page (optional) .			1200.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Applied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and ad	dress of any political committee to	os solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Michael John Seider Mailing Address 2376 Benden Dr			Date of Receipt 0 3 2 9 2 0 1 1
	City Wooster	State OH	Zip Code 44691-2570	Transaction ID: T43112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Cancer Treatment Center Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 350.00	A Contribution to the Federal PAC
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Mark P Siminovitch Mailing Address 5 Longmeadow Ln			Date of Receipt 0 3 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: T43109
	Beachwood FEC ID number of contributing federal political committee.	OH C	44122-7518	Amount of Each Receipt this Period 250.00
	Name of Employer Jeffrey M Siminovitch MD & Associates Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
- C.	Full Name (Last, First, Middle Initial) Dr. Mary Jean Wall Mailing Address 251 Euclid Ave			Date of Receipt 0 3 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: T43143
	Bellevue FEC ID number of contributing federal political committee.	C	44811-1045	Amount of Each Receipt this Period 500.00
	Name of Employer North Central Radiology & Imaging Inc Receipt For: Primary General	Occupation Doctor Aggregate	e Year-to-Date ▼	A Contribution to the Federal PAC
	Other (specify) SUBTOTAL of Receipts This Page (optional) .		0 0 0 0 0 0 0	1100.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements was	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
2	/	Cai Action Co	ommittee 	
Α.	Full Name (Last, First, Middle Initial) Dr. Pradip Vyas			Date of Receipt
	Mailing Address 3145 Stringtown Rd			03 29 2011
	City	State	Zip Code	Transaction ID: T43111
	Troy	OH	45373-9793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pradip M Vyas MD	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Vivien Ruth Newbold			Date of Receipt
- .	Mailing Address 509 Graham School F	Rd		03 29 2011
	City	State	Zip Code	Transaction ID: T43113
	Gallipolis	OH	45631-9133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Holzer Clinic Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	, '	e Year-to-Date	
	Primary ☐ General Other (specify) ▼	0 0	250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Douglas Gordon Finnie			Date of Receipt
<i>,</i> .	Mailing Address 5147 Canterbury Dr			0 3 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: T43110
	Powell	OH	43065-7798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Big Run Internal Medicine	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	- 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Γ				750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Relition	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
۱.	Full Name (Last, First, Middle Initial) Dr. Douglas Dale Fosselman Mailing Address 1260 Autumn Park Ci	•		Date of Receipt
	Walling Address 1260 Autumn Park C	l .		04 04 2011
	City	State	Zip Code	Transaction ID: T43247
	Westerville	OH	43081-3113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northside Internal Medici- ne Consultant	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Tarsem C Garg			Date of Receipt
•	Mailing Address 480 Aberfelda Dr			0 4 0 4 2 0 1 1
	City	State	Zip Code	Transaction ID: T43202
	Springfield	OH	45504-3970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tarsem C Garg MD Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_ :.	Full Name (Last, First, Middle Initial) Dr. Esly Samuel Caldwell, II			Date of Receipt
	Mailing Address 2215 Upland PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T43264
	Cincinnati	OH	45206-2212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Neighborhood Health Care	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 111 (check only one) X
Any information copied fror for commercial purpos NAME OF COMMITT	es, other than using the name	nts may not be sold or used by any perso and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ohio State Medica	l Association Political Act	ion Committee	
Full Name (Last, First Dr. Gregor Kreul Emme	ert, Jr.		Date of Receipt
Mailing Address 26	20 Falmouth Rd		04 04 2011
City <u>Toledo</u>		tate Zip Code 0H 43615-2212	Transaction ID: T43236 Amount of Each Receipt this Period
FEC ID number of confederal political comm	ntributing		250.00
Name of Employer Genito Urinary Surger Inc Receipt For: Primary Other (specify)	Ag General	cupation ctor gregate Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
Full Name (Last, First Dr. Daniel J Clemens Mailing Address 11	, Middle Initial) 45 Clearview Dr SE		Date of Receipt
			04 04 2011
City New Philadelphia		tate Zip Code 0H 44663-9460	Transaction ID: T43248 Amount of Each Receipt this Period
FEC ID number of confederal political comm	ntributing		500.00
Name of Employer Tuscarawas Eye Cen	tra Inc	cupation ctor	A Contribution to the Federal PAC
Receipt For:	Ag	gregate Year-to-Date ▼	
Other (specify)	J 5.5.15.13.	500.00	
Full Name (Last, First Dr. Annette Marie Chav			Date of Receipt
Mailing Address 31	00 N Diamond Mill Rd		0 4
City		tate Zip Code	Transaction ID: T43259
Trotwood FEC ID number of confederal political comm	ntributing	OH 45426-4210	Amount of Each Receipt this Period 350.00
Name of Employer Carillon Family Praction	^^	cupation	A Contribution to the Federal PAC
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 350.00	
SURTOTAL of Receipts	This Dage (entione)		1100.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42/111 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit	tical Action Co	mmittee	
Full Name (Last, First, Middle Initial) Dr. Viswanathan Chokkavelu			Date of Receipt
Mailing Address 66761 Anna Dr			0 4 0 4 2 0 1 1
City Saint Clairsville	State OH	Zip Code 43950-9241	Transaction ID: T43223
FEC ID number of contributing federal political committee.	C	45950-9241	Amount of Each Receipt this Period 500.00
Name of Employer V Chokkavelu MD Inc	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Wuu-Shung Chuang			Date of Receipt
Mailing Address 395 Edgemeer PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oberlin	State OH	Zip Code 44074-1402	Transaction ID: T43240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17077 1702	500.00
Name of Employer Oberlin Internal Medicine Associates I	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Louito Catherina Edje			Date of Receipt
Mailing Address 1399 Fort St			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State OH	Zip Code	Transaction ID: T43221
Maumee FEC ID number of contributing federal political committee.	С	43537-3036	Amount of Each Receipt this Period 350.00
Name of Employer Louito Edje, MD	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1350.00

ITEMI	DULE A (FEC Form 3X) ZED RECEIPTS	Statamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 111 (check only one) X 11a
or for cor	mation copied from such Reports and an inmercial purposes, other than using the OF COMMITTEE (In Full) State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Ste	ame (Last, First, Middle Initial) even Paul Combs g Address 8685 Mentor Rd			Date of Receipt
City <u>Ment</u>		State OH	Zip Code 44060-7960	Transaction ID: T43246 Amount of Each Receipt this Period
federa	D number of contributing Il political committee.	C		500.00 A Contribution to the Fed-
<u>es Inc</u> Recei	of Employer Orthopaedic Associat- ot For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 500.00	eral PAC
B. Dr. Ste	ame (Last, First, Middle Initial) ephen Poll Bazeley g Address 16850 W River Rd			Date of Receipt 0 4 0 4 2 0 1 1
City		State	Zip Code	Transaction ID: T43231
FEC I	ing Green D number of contributing Il political committee.	OH OH	43402-9268	Amount of Each Receipt this Period 250.00
ans Ir Recei	of Employer ville Family Physici- ic ot For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
Dr. De	ame (Last, First, Middle Initial) nise Louise Bobovnyik g Address 3716 Tyler Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: T43282
	leId D number of contributing Il political committee.	OH C	44406-8008	Amount of Each Receipt this Period 300.00
<u>Inc</u>	of Employer ry Care Specialists	Occupatio Doctor		A Contribution to the Federal PAC
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTO	FAL of Receipts This Page (optional) .	1		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 111 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey Neil Boulter Mailing Address 1860 Shawnee Rd City Lima FEC ID number of contributing federal political committee. Name of Employer Premier Health Care Services Inc Receipt For: Primary General Other (specify)	State Zip Code OH 45805-3853 C Occupation Doctor Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 1 1 Transaction ID: T43272 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Harold M Brown Mailing Address 2539 Greenlefe Dr City Beavercreek FEC ID number of contributing federal political committee. Name of Employer Advanced Medical Group Receipt For: Primary General Other (specify)	State Zip Code OH 45431-8599 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt 0 4 0 4 2 0 1 1 Transaction ID: T43280 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. John A Burkhart Mailing Address 4035 Fenwick Rd City Columbus FEC ID number of contributing federal political committee. Name of Employer John Burkhart, MD Receipt For: Primary General Other (specify)	State Zip Code OH 43220-4845 C Occupation Doctor Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: T43293 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
SUBTOTAL of Receipts This Page (optional)		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 111 (check only one) X 11a
4	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Polit	ical Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Brian Leroy Bachelder			Date of Receipt
	Mailing Address 570 Rotunda Ave	Chaha	7: Od.	04 04 2011
	City <u>Akron</u>	State OH	Zip Code 44333-2648	Transaction ID: T43224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Akron General Center For Family Medici Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
_	Full Name (Last, First, Middle Initial) Dr. Dean Ray Ball Mailing Address P O Box 5560			Date of Receipt
	Mailing Address P O Box 5560			04 04 2011
	City	State OH	Zip Code	Transaction ID: T43217
	Poland FEC ID number of contributing federal political committee.	C	44514-0560	Amount of Each Receipt this Period 350.00
	Name of Employer Mahoning Valley Imaging	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Dr. Susan Marie Arceneaux			Date of Receipt
	Mailing Address 24498 Nobottom Rd			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 0 & 4 & & 2 & 0 & 1 & 1 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: T43287
	Olmsted Falls	OH	44138-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Susan M Arceneaux MD Inc	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	•		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 111 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Anthony Joseph Armstrong Mailing Address 6045 Miakonda Trl City Sylvania FEC ID number of contributing federal political committee. Name of Employer Westfield OB/GYN Associates Receipt For: Primary General Other (specify)	State Zip Code OH 43560-2244 C Occupation Doctor Aggregate Year-to-Date 1000.00	Date of Receipt M M M O 4 2 0 1 1 Transaction ID: T43289 Amount of Each Receipt this Period 1000.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Herman Irwin Abromowitz Mailing Address 4255 Brookhill Ln City Dayton FEC ID number of contributing federal political committee. Name of Employer Herman Abromowitz, MD Receipt For: Primary General Other (specify)	State Zip Code OH 45405-1128 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M O 4 O 4 Transaction ID: T43235 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Charlotte Marie Agnone Mailing Address 2375 Lane Rd City Upper Arlington FEC ID number of contributing federal political committee. Name of Employer Agnone Morrison & Associates Inc Receipt For: Primary General Other (specify)	State Zip Code OH 43220-2914 C Occupation Doctor Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M O 4 2 0 1 1 Transaction ID: T43205 Amount of Each Receipt this Period 1000.00 A Contribution to the Federal PAC
SUBTOTAL of Receipts This Page (optional) .		2250.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Statamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 111 (check only one) X 11a
or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A . <u> </u>	rull Name (Last, First, Middle Initial) Dr. Donald Lee Nofziger Mailing Address 2055 Reading Rd Ste	400		Date of Receipt
_			Zip Code	04 04 2011
	ity Dincinnati	State OH	45202-1439	Transaction ID: T43244 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
<u>e</u>	lame of Employer Shalom Pediatric Associat- s Inc leceipt For: Primary General Other (specify)	Occupation Doctor Aggregate	e Year-to-Date ▼ 500.00	A Contribution to the Federal PAC
3	full Name (Last, First, Middle Initial) or. Neal James Nesbitt failing Address 9538 State Rte 682			Date of Receipt 0 4 0 4 2 0 1 1
C	ity	State	Zip Code	Transaction ID: T43277
F	Athens EC ID number of contributing ederal political committee.	OH C	45701-9103	Amount of Each Receipt this Period 300.00
_	lame of Employer Jeal J Nesbitt MD FACS Inc	Occupation Doctor	n	A Contribution to the Federal PAC
F	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	
). <u> </u>	ull Name (Last, First, Middle Initial) br. Ruby Nell Nucklos failing Address 2401 Shellbrook Ln			Date of Receipt 0 4 0 4 2 0 1 1
	ity	State	Zip Code	Transaction ID: T43288
F	Toledo EC ID number of contributing ederal political committee.	C	43614-1150	Amount of Each Receipt this Period 250.00
<u>C</u>	lame of Employer he University Of Toledo college Of Me	Occupation Doctor	_	A Contribution to the Federal PAC
Г	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
eui	BTOTAL of Receipts This Page (optional) .	1		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 111 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alva Burton Payne Mailing Address 2119 N 2nd St City Ironton FEC ID number of contributing federal political committee. Name of Employer Burton Payne, MD Receipt For: Primary General Other (specify)	State Zip Code OH 45638-1055 C Occupation Doctor Aggregate Year-to-Date 350.00	Date of Receipt M M M O 4 2011 Transaction ID: T43242 Amount of Each Receipt this Period 350.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Rajiv Ramesh Patel Mailing Address 220 Loving Ln City Wilmington FEC ID number of contributing federal political committee. Name of Employer South Central Ohio Obstetrics & Gyneco Receipt For: Primary General Other (specify)	State Zip Code OH 45177-7904 C Occupation Doctor Aggregate Year-to-Date 250.00	Date of Receipt M M M O 4 2 0 1 1 Transaction ID: T43234 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Margaret Mary LeMasters Mailing Address 7815 Ramble View City Cincinnati FEC ID number of contributing federal political committee. Name of Employer For Women Inc Receipt For: Primary General Other (specify)	State Zip Code OH 45231-6056 C Occupation Doctor Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 1 1 Transaction ID: T43254 Amount of Each Receipt this Period 350.00 A Contribution to the Federal PAC
SUBTOTAL of Receipts This Page (optional) .		950.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. John Leslie Lyman Mailing Address 1500 Ridgeway Rd			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dayton	State OH	Zip Code 45419-3008	Transaction ID: T43211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43419-3000	350.00
	Name of Employer Premier Health Care Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	Year-to-Date ▼ 350.00	A Contribution to the Federal PAC
3.	Full Name (Last, First, Middle Initial) Timothy I. Maglione Mailing Address 2570 Onandaga Dr			Date of Receipt M
	City	State	Zip Code	Transaction ID: T43228
	Columbus	OH	43221-3620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 A Contribution to the Fed-
	Name of Employer Ohio State Medical Association Receipt For: Primary General Other (specify)	1 '	n irector, Government Relatio e Year-to-Date ▼ 500.00	eral PAC
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Warren F Muth Mailing Address 7021 Garrison Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T43238
	Dayton FEC ID number of contributing federal political committee.	OH C	45459-3447	Amount of Each Receipt this Period 500.00
	Name of Employer South Dayton Surgeons Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 111 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	ical Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Vincent Mark Gioia			Date of Receipt
	Mailing Address 35 Jenna Way Dr			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: T43241
	Wheeling	WV	26003-5669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley Eye Care Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Jeffrey Allen Harwood			Date of Receipt
	Mailing Address 27 Patrician Dr			0 4
	City	State	Zip Code	Transaction ID: T43285
	Norwalk	OH	44857-2463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New London Family Practice LLC	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. David Olswells Griffith			Date of Receipt
	Mailing Address 3774 W Salinas Cir			04 04 2011
	City	State	Zip Code	Transaction ID: T43204
	<u>Dayton</u>	OH	45440-3960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Proscan Imaging LLC	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Ohio State Medical Association Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Susan Lee Hubbell Mailing Address 250 S Fernwood Dr City Lima FEC ID number of contributing federal political committee.	State OH	Zip Code 45805-2521	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 1 1 Transaction ID: T43278 Amount of Each Receipt this Period 350.00 A Contribution to the Fed-
Name of Employer Physical Medicine Associa- tes Of NW Ohi Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 350.00	eral PAC
Full Name (Last, First, Middle Initial) Dr. Stephen Terry House Mailing Address 5501 Sagewood Dr			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: T43250
Miamisburg	OH	45342-7876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00 A Contribution to the Fed-
Name of Employer Visiting Physicians Assoc- iation - Dayt Receipt For:	Occupatio Doctor	n e Year-to-Date ▼	eral PAC
Primary General Other (specify) ▼	199.53	350.00	
Full Name (Last, First, Middle Initial) Dr. Robert Erik Kose Mailing Address 4015 Albon Rd	•		Date of Receipt
Mailing Address 4015 Albon Rd			04 04 2011
City	State	Zip Code	Transaction ID: T43239
Monclova FEC ID number of contributing federal political committee.	C	43542-9340	Amount of Each Receipt this Period 500.00
Name of Employer Pulmonary & Critical Care Specialists	Occupatio Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1200.00

ľ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	cai Action oc	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
١.	Dr. JoAnn Krivetzky			Date of Receipt
	Mailing Address 5700 Beverly Ave NE			04 04 2011
	City	State	Zip Code	Transaction ID: T43286
	Canton	OH	44721-3918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Premier Gynecology Inc	Occupation	on	A Contribution to the Federal PAC
	Receipt For: Primary General		e Year-to-Date ▼	7
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. John Keene Wakelin, III			Date of Receipt
	Mailing Address 421 E Kossuth St			04 04 2011
	City	State	Zip Code	Transaction ID: T43199
	Columbus FEC ID number of contributing federal political committee.	C	43206-2363	Amount of Each Receipt this Period 300.00
	Name of Employer Columbus Aesthetic & Plas- tic Surgery I	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Ronald Michael Taddeo Mailing Address 936 Perry St Ste 214	<u> </u>		Date of Receipt
	City	State	Zip Code	04 04 2011
	<u>Columbus</u>	OH	43215-1274	Transaction ID: T43274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Amico Stock & Associates	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional).	1		800.00

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the Contect only one)
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Politic	ne name and address of any political co	y any person for the purpose of soliciting contributions immittee to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mrs. Dee H. Talmage Mailing Address 45 Exmoor City	State Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Ottawa Hills	OH 43615-2174	Transaction ID: T43210 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Diana (Dee) Talmage Receipt For: Primary General Other (specify) ▼	Occupation HOMEMAKER Aggregate Year-to-Date 25	A Contribution to the Federal PAC
3.	Full Name (Last, First, Middle Initial) Dr. James Michael Sudimack Mailing Address 2774 Timber Creek I	Dr N	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: T43208
	Cortland	OH 44410-1756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Trumbull Memorial Hospital	Occupation Doctor	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00.00
. –	Full Name (Last, First, Middle Initial) Dr. Philip Cecil Stiff, Jr.		Date of Receipt
	Mailing Address 2455 S Country Club	Pkwy	04 04 2011
	City	State Zip Code	Transaction ID: T43284
	Toledo FEC ID number of contributing	OH 43614-5005	Amount of Each Receipt this Period 500.00
	Name of Employer P C Stiff Jr MD Inc	Occupation Doctor	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00.00
Ę	SUBTOTAL of Receipts This Page (optional)		1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 111 (check only one) X 11a
\	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Herbert E Stockard Mailing Address 2702 Navarre Ave Ste			Date of Receipt
	City	State	Zip Code	0 4 0 4 2 0 1 1 Transaction ID: T43265
	Oregon FEC ID number of contributing federal political committee.	OH C	43616-3224	Amount of Each Receipt this Period 250.00
	Name of Employer Renal Services Of Toledo Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Doctor Aggregate	n e Year-to-Date ▼ 250.00	A Contribution to the Federal PAC
_	Full Name (Last, First, Middle Initial) Dr. Brooke Sue Wolf Mailing Address 3690 Orange PI Ste 4	130		Date of Receipt 0 4 0 4 2 0 1 1
	City	State	Zip Code	Transaction ID: T43270
	Beachwood FEC ID number of contributing federal political committee. Name of Employer	OH C	44122-4467	Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
	North Coast Mental Health Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Doctor Aggregate	Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Claire V Wolfe Mailing Address 5521 Indian Hill Rd			Date of Receipt 0 4 0 4 2 0 1 1
	City	State OH	Zip Code	Transaction ID: T43225
	Dublin FEC ID number of contributing federal political committee.	C	43017-8243	Amount of Each Receipt this Period 350.00
	Name of Employer Ohio Orthopedic Center Of Excellence I Receipt For: Primary General Other (specify) ▼	Occupatio Doctor Aggregate	e Year-to-Date ▼	A Contribution to the Federal PAC
	SUBTOTAL of Receipts This Page (optional)	1		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Lee Woodruff		Date of Receipt
Mailing Address 10000 Columbus Gro City	ve Rd State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bluffton	OH 45817-9595	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pandora Family Physicians Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donna Ailport Woodson Mailing Address 1400 River Rd		Date of Receipt
		04 04 2011
City Maumee	State Zip Code OH 43537-3552	Transaction ID: T43279
FEC ID number of contributing federal political committee.	OH 43537-3552	Amount of Each Receipt this Period 250.00
Name of Emplover The University Of Toledo College Of Me	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lyn Ellen Yakubov		Date of Receipt
Mailing Address 634 Mohawk School F		04 04 2011
City <u>Edinburg</u>	State Zip Code PA 16116-1006	Transaction ID: T43268 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Eye Care Associates Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00
TOTAL This Period (last page this line numbe	· · · · · · · · · · · · · · · · · · ·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 111 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	cal Action Co	ommittee	
∠ A .	Full Name (Last, First, Middle Initial) Dr. Charles E Smith			Date of Receipt
	Mailing Address 5320 Plain Center Ave	e NE		04 04 2011
	City	State	Zip Code	Transaction ID: T43229
	Canton	OH	44714-1166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Diabetes & Endocrinology Associates Of	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) Jeffrey S. Smith			Date of Receipt
	Mailing Address 7203 Thicket Rd			04 04 2011
	City	State	Zip Code	Transaction ID: T43243
	Sandusky	OH	44870-9688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ohio State Medical Associ-	Occupation		A Contribution to the Federal PAC
	ation	- 	Government Relations	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)	0 0	500.00	
с.	Full Name (Last, First, Middle Initial) Dr. Bipin Natverlal Shah			Date of Receipt
	Mailing Address 7795 Wicklow Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T43292
	Dublin	OH	43017-8629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bipin N Shah MD FRCS Inc	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
ſ	CUDTOTAL of Descripto This Descriptor III			1250.00
-	SUBTOTAL of Receipts This Page (optional) .		<u> </u>	
	TOTAL This Period (last page this line number	Offig)	,	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 111 (check only one) X 11a
7	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements magne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Catherine M Rose			Date of Receipt
	Mailing Address 400 Ivycrest Ter			04 04 2011
	City Kettering	State OH	Zip Code 45429-1824	Transaction ID: T43267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Catherine M Rose MD Inc	Occupatio	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Richard Ramsay Roebuck			Date of Receipt
	Mailing Address 20 Clark Ave			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: T43198
	Cincinnati	OH	45215-4322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cincinnati Eye Institute	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Marc S Saunders			Date of Receipt
	Mailing Address 1297 Stonnington Dr			0 4 0 4 2 0 1 1
	City	State	Zip Code	Transaction ID: T43276
	Youngstown	OH	44505-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Marc S Saunders DO FACS	Occupatio Doctor	_	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 111 (check only one) X 11a
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Ohio State Medical Association Politi	ical Action Co	mmittee	
. <u>!</u>	Full Name (Last, First, Middle Initial) Dr. Yagnesh Ramesh Raval			Date of Receipt
_	Mailing Address 2952 Shawnee Trl			04 04 2011
	City Pigua	State OH	Zip Code 45356-9709	Transaction ID: T43233 Amount of Each Receipt this Period
- F	FEC ID number of contributing ederal political committee.	C	100000700	250.00
	Name of Employer Upper Valley Medical Cent- er	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Walter Anthony Reiling, III			Date of Receipt
-	Mailing Address 1950 Meandering Cv			04 04 2011
	City	State OH	Zip Code	Transaction ID: T43281
F	Dayton FEC ID number of contributing ederal political committee.	С	45459-6967	Amount of Each Receipt this Period 350.00
	Name of Employer Samaritan North Family Ph- <i>y</i> sicians	Occupation Doctor	n	A Contribution to the Federal PAC
Í	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Denise Louise Bobovnyik			Date of Receipt
ľ	Mailing Address 3716 Tyler Dr			0 4 0 5 2 0 1 1
	Dity	State	Zip Code	Transaction ID: T43252
F	Canfield FEC ID number of contributing ederal political committee.	ОН	44406-8008	Amount of Each Receipt this Period 50.00
	Name of Employer Primary Care Specialists Inc	Occupation	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SU	BTOTAL of Receipts This Page (optional)	1		650.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
,	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. David Lawrence Cummin			Date of Receipt
	Mailing Address P O Box 917			04 12 2011
	City Logan	State OH	Zip Code 43138-0917	Transaction ID: T43443 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer David L Cummin MD	Occupation	on	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Ashok Kejriwal			Date of Receipt
	Mailing Address 50 Apothecary PI			0 4
	City	State	Zip Code	Transaction ID: T43467
	Fairfield	OH	45014-4531	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kejriwal Ashok, MD	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Jeffrey John Roberts			Date of Receipt
	Mailing Address 31012 Wilderness Tr	I		0 4 1 3 2 0 1 1
	City	State	Zip Code	Transaction ID: T43471
	Westlake	OH	44145-1794	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		A Contribution to the Fed-
	Name of Employer Orthopaedic Associates Inc	Occupation Doctor	_	eral PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	•		1250.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee t	o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
۷.	Full Name (Last, First, Middle Initial) Dr. Hernando Zegarra			Date of Receipt
	Mailing Address 6656 Gates Mills Blvd			04 13 2011
	City	State	Zip Code	Transaction ID: T43474
	Gates Mills	OH	44040-9715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retina Associates Of Clev- eland Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley			Date of Receipt
	Mailing Address 162 New Haven Dr			0 4
	City	State	Zip Code	Transaction ID: T40164
	<u>Urbana</u>	OH	43078-2252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		A Contribution to the Fed-
	Name of Employer Family Physicians Of Urba- na Inc	Occupation Doctor		eral PAC
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 333.32	
. –	Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert			Date of Receipt
	Mailing Address 790 W Rahn Rd			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T41826
	Kettering	OH	45429-2043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		A Contribution to the Fed-
	Name of Employer Paragon Womens Care Inc	Occupation Doctor		eral PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.02	
Γ	SUBTOTAL of Receipts This Page (optional)	1		416.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 111 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Po	<u> </u>	•	
Full Name (Last, First, Middle Initial) Dr. Richard Robert Ellison			Date of Receipt
Mailing Address 726 White Tail Rid	ge Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairlawn	State OH	Zip Code 44333-3290	Transaction ID: T41838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.000 0.000	111.11
Name of Employer Summit Ophthalmology Inc	Occupation Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 444.44	
Full Name (Last, First, Middle Initial) Dr. Bruce Abbott Hamilton			Date of Receipt
Mailing Address 1194 Apple Hill Ro	l		04 20 2011
City Cincinnati	State OH	Zip Code 45230-5107	Transaction ID: T43608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45250 0107	250.00
Name of Employer Infectious Diseases Consu- Itants Of Cin	Occupation Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Scott Charles Grevey			Date of Receipt
Mailing Address PO Box 18128			0 4 2 0 2 0 1 1
City Fairfield	State OH	Zip Code 45018-0128	Transaction ID: T43609
FEC ID number of contributing federal political committee.	C	45010-0120	Amount of Each Receipt this Period 250.00
Name of Employer Dermatology & Surgery Of Southern Ohio	Occupation Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		611.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 111 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr. Mary Sollinger Applegate		Date of Receipt
Mailing Address 945 Walker Woods Lr		04 27 2011
City Marysville	State Zip Code OH 43040-8113	Transaction ID: T43709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marysville Primary Care	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Boynton Bralliar Mailing Address 22089 Shaker Blvd		Date of Receipt
		05 09 2011
City	State Zip Code OH 44122-2643	Transaction ID: T43859
Shaker Heights FEC ID number of contributing federal political committee.	OH 44122-2643	Amount of Each Receipt this Period 250.00
Name of Employer The Cleveland Clinic Foundation	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Miles J Burke		Date of Receipt
Mailing Address 8475 Sleepy Hollow D	r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: T43898
Cincinnati FEC ID number of contributing federal political committee.	OH 45243-1186	Amount of Each Receipt this Period 250.00
Name of Employer Miles J Burke MD	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63/111 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Poli	tical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Kenneth V Cahill			Date of Receipt
Mailing Address 140 Overbrook Dr			05 11 2011
City Columbus	State OH	Zip Code 43214-3172	Transaction ID: T43906
FEC ID number of contributing federal political committee.	C	43214-3172	Amount of Each Receipt this Period 500.00
Name of Employer Ophthalmic Surgeons & Con- sultants Of O	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Sarah Jo Alley			Date of Receipt
Mailing Address 3686 Geiger Rd			05 11 2011
City Millersport	State OH	Zip Code 43046-9506	Transaction ID: T43901
FEC ID number of contributing federal political committee.	C	43040-3300	Amount of Each Receipt this Period 250.00
Name of Employer Fairfield Medical Associa- tes LLC	Occupatio Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Dr. Bijan Joseph Goodarzi Mailing Address 6820 Layman Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nashport	State OH	Zip Code	Transaction ID: T43895
FEC ID number of contributing federal political committee.	C	43830-9524	Amount of Each Receipt this Period 250.00
Name of Employer PrimeCare Of Southeastern Ohio Inc	Occupatio Doctor		A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 111 (check only one) X
or for commercial purposes, other than us	and Statements may not be sold or used by any per ing the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Edelbert Joseph Kuebeck		Date of Receipt
Mailing Address 653 Pine Valley I	Jr	05 11 7 2011
City	State Zip Code	Transaction ID: T43896
Bowling Green	OH 43402-5204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer E J Kuebeck MD Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Thales Nicholas Pavlatos		Date of Receipt
Mailing Address 2790 Kilkenny Dr		05 11 YYYYY 2011
City	State Zip Code	Transaction ID: T43899
Springfield	OH 45503-1181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Anesthesiologists Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) D. Brent Mulgrew		Date of Receipt
Mailing Address 1720 Fishinger F	d	05 11 2011
City	State Zip Code	Transaction ID: T43894
Columbus	OH 43221-1370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ohio State Medical Associ- ation	Occupation Executive Director	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Polit	ical Action Co	mmittee	
	Full Name (Last, First, Middle Initial) Dr. Patrick Raul Waters			Date of Receipt
	Mailing Address 4307 Walnut Creek L	_n		05 11 2011
	City	State	Zip Code	Transaction ID: T43897
	Sandusky	OH	44870-7345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Executive Urology Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Gregory M Rasp			Date of Receipt
	Mailing Address 3768 Grand Oak Trl			05 11 2011
	City	State	Zip Code	Transaction ID: T43900
	Dayton	OH	45440-5008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 A Contribution to the Fed-
	Name of Employer Dayton Physicians LLC	Occupation Doctor	n	eral PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley			Date of Receipt
	Mailing Address 162 New Haven Dr			05 17 2011
	City	State	Zip Code	Transaction ID: T40165
	<u>Urbana</u>	OH	43078-2252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Family Physicians Of Urba- na Inc	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	
	SUBTOTAL of Receipts This Page (optional)			833.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 111 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Pe			
Full Name (Last, First, Middle Initial) Dr. Richard Robert Ellison			Date of Receipt
Mailing Address 726 White Tail Ric	dge Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairlawn	State OH	Zip Code 44333-3290	Transaction ID: T41839 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11000 0200	111.11
Name of Employer Summit Ophthalmology Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 555.55	
Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert	I		Date of Receipt
Mailing Address 790 W Rahn Rd			05 17 YYYYY
City Kettering	State OH	Zip Code 45429-2043	Transaction ID: T41827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10120 2010	83.33
Name of Employer Paragon Womens Care Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Year-to-Date ▼ 583.35	
Full Name (Last, First, Middle Initial) Dr. Thomas Edward Carter			Date of Receipt
Mailing Address 1990 Chariot Way	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portsmouth	State OH	Zip Code 45662-2486	Transaction ID: T44107
FEC ID number of contributing federal political committee.	C	40002-2400	Amount of Each Receipt this Period 250.00
Name of Employer SOMC Emergency Department	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option			444.44

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
7	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Arun Patel			Date of Receipt
	Mailing Address 2119 Orchard Rd			0 5 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: T44105
	Toledo	OH	43606-2623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sunforest Orthopedics Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
_	Full Name (Last, First, Middle Initial) Dr. Ki Hwan Lee			Date of Receipt
	Mailing Address 2851 Burrwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T44104
	Springfield	OH	45503-1105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ki Lee, MD	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert Karl Hutchins			Date of Receipt
	Mailing Address 10411 Grandoaks Ln			05 18 2011
	City	State	Zip Code	Transaction ID: T44109
	Montgomery	OH	45242-5033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Cincinnati Eye Institute	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			850.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 111 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Timothy Robert Gatens Mailing Address 1360 Stratford Woods	- D.		Date of Receipt
	Walling Address 1360 Strationd Woods	יום א		05 18 2011
	City	State OH	Zip Code	Transaction ID: T44106
	Newark FEC ID number of contributing	C	43055-7400	Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer Licking Memorial Hospital	Occupation	on	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Doctor Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Paul Wing-Cheun Wong			Date of Receipt
	Mailing Address 3768 Fairway Park Di	r Apt 210	05 18 2011	
	City	State	Zip Code	Transaction ID: T44110
	Copley	OH	44321-2990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Childrens Hospital Medical Center Of A	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. James Joseph Sanitato			Date of Receipt
	Mailing Address 7333 Eastborne Rd			05 25 YYYY 25 2011
	City	State	Zip Code	Transaction ID: T44347
	Cincinnati	OH	45255-3962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tri-State Centers For Sig- ht Inc	Occupation Doctor	_	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional).			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 111 (check only one) X
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
_	Full Name (Last, First, Middle Initial) Dr. Robert George Houser			Date of Receipt
	Mailing Address 6700 N State Rte 61			05 25 7 2011
	City	State	Zip Code	Transaction ID: T44343
	Sunbury	ОН	43074-9428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Robert Houser, MD	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Michael Christophe Myers			Date of Receipt
	Mailing Address 560 Juniper Ln			0 6 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: T44528
	Gallipolis	OH	45631-8100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Holzer Clinic Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Dr. Loren Carter Prince			Date of Receipt
	Mailing Address 4924 Stonehaven Dr			0 6 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: T44529
	Columbus	OH	43220-2828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The Eye Center Of Columbus	Occupatio Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	•		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 111 (check only one) X 11a
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	ical Action Co	ommittee	
_	Full Name (Last, First, Middle Initial) Dr. Joseph A Solomito			Date of Receipt
	Mailing Address 6571 Elk Creek Rd			06 01 2011
	City	State	Zip Code	Transaction ID: T44530
	Middletown	OH	45042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Middletown Cardiovascular Associates I Receipt For:	Occupation Doctor	on e Year-to-Date ▼	A Contribution to the Federal PAC
	Primary General Other (specify) ▼	/ iggi egale	250.00	
	Full Name (Last, First, Middle Initial) Dr. Mario M Sertich	•		Date of Receipt
	Mailing Address 682 Heron Bay			0 6 0 8 2 0 1 1
	City	State	Zip Code	Transaction ID: T44718
	Avon Lake	OH	44012-3322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NeuroSpinecare Inc	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Randall James Harris			Date of Receipt
	Mailing Address 2786 Chalford Cir NV	V		0 6 0 8 2 0 1 1
	City	State	Zip Code	Transaction ID: T44720
	North Canton	OH	44720-8222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 A Contribution to the Fed-
	Name of Employer Pulmonology & Critical Ca- re Physicians	Occupation Doctor	_	eral PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 111 (check only one) X 11a
4	ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Michael F Doyle			Date of Receipt
	Mailing Address 1324 Chantilly Cir NE			06 08 7 2011
	City Canton	State OH	Zip Code 44721-3911	Transaction ID: T44721 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Modernpath Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Gretchen Marie Fermann			Date of Receipt
	Mailing Address 3084 Crooked Stick Ct			0 6 0 8 2 0 1 1
	City	State	Zip Code	Transaction ID: T44719
	Cincinnati	OH	45244-2586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Seven Hills Womens Health Centers	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date	_
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert			Date of Receipt
	Mailing Address 790 W Rahn Rd			0 6 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: T41828
	Kettering	OH	45429-2043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Paragon Womens Care Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.68	
	SUBTOTAL of Receipts This Page (optional) .			833.33

ľ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Richard Robert Ellison Mailing Address 726 White Tail Ridge	Dr		Date of Receipt
	City Fairlawn	State OH	Zip Code 44333-3290	Transaction ID: T41840 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.11 A Contribution to the Fed-
	Name of Employer Summit Ophthalmology Inc Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 666.66	eral PAC
 3.	Full Name (Last, First, Middle Initial) Dr. Brett Malcolm Coldiron Mailing Address 1105 River Hill Dr	•		Date of Receipt 0 6 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: T44790
	Covington FEC ID number of contributing federal political committee.	C	41011-1123	Amount of Each Receipt this Period 250.00
	Name of Employer The Skin Cancer Center	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley Mailing Address 162 New Haven Dr			Date of Receipt 0 6 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: T40166
	Urbana FEC ID number of contributing federal political committee.	OH C	43078-2252	Amount of Each Receipt this Period 83.33
	Name of Employer Family Physicians Of Urba- na Inc	Occupation Doctor	_	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	
	SUBTOTAL of Receipts This Page (optional)			444.44

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 111 (check only one) X 11a 11b 11c 12 13 14 15 16
7	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Andrew Edward Sloan			Date of Receipt
	Mailing Address 2324 Roxboro Rd			06 15 2011
	City Cleveland Heights	State OH	Zip Code 44106-3208	Transaction ID: T44789
	FEC ID number of contributing federal political committee.	C	44100-3206	Amount of Each Receipt this Period 250.00
	Name of Employer UH Case Medical Center	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Carl Ralph Schaub			Date of Receipt
	Mailing Address 547 N Briarcliff Dr			M M / D D / Y Y Y Y Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: T44899
	Canfield	OH	44406-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ameripath Youngstown	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Raymond Grant Russell	1		Date of Receipt
	Mailing Address 880 Vintage Lake Ct			0 6 2 2 2 1 1
	City	State	Zip Code	Transaction ID: T44904
	Dayton	OH	45458-4088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Allergy & Asthma Associat- es Of Dayton	Occupatio Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional).			750.00

SCHEDULE A (FEC Form	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 111 (check only one) X 11a
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) Ohio State Medical Association	using the name and addres	s of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. Randell Keith Wexler Mailing Address 6040 Haybury City New Albany FEC ID number of contributing federal political committee. Name of Employer CarePoint At Gahanna Receipt For: Primary General		Zip Code 43054-8691 ar-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial Dr. Lawrence Ralph McCormack Mailing Address 1410 Milan Roccity Sandusky FEC ID number of contributing federal political committee. Name of Employer Sandusky Gastroenterologists Receipt For: Primary General Other (specify)		Zip Code 44870-4130	Date of Receipt M M M
Full Name (Last, First, Middle Initial Dr. Thomas James Mehelas Mailing Address 350 Sawgrass City Holland FEC ID number of contributing federal political committee. Name of Employer Toledo Clinic Inc/Cobblestone Woods Receipt For: Primary General Other (specify)		Zip Code 43528-9210 ar-to-Date ▼ 250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (c	otional)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 111 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Δ .	Full Name (Last, First, Middle Initial) Dr. Paul Nathan Kaufman Mailing Address 3552 Drayton Hall S City New Albany FEC ID number of contributing federal political committee. Name of Employer Central Ohio Urology Group Receipt For: Primary General Other (specify)	State OH C Occupatio Doctor Aggregate	Zip Code 43054-8860 n e Year-to-Date ▼	Date of Receipt M M / 29 / 2011 Transaction ID: T45007 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
- В.	Full Name (Last, First, Middle Initial) Dr. Deborah Louise Cole-Sedivy Mailing Address 2895 Halstead Rd City Columbus FEC ID number of contributing federal political committee. Name of Employer Monarch Health Receipt For: Primary General Other (specify)	State OH C Occupatio Doctor Aggregate	Zip Code 43221-2915 In e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: T45008 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
_ C.	Full Name (Last, First, Middle Initial) Dr. W Hunter Vaughan Mailing Address 2396 Alexander Mnr V City Steubenville FEC ID number of contributing federal political committee. Name of Employer Steuben Radiology Associates Receipt For: Primary General Other (specify)	State OH C Occupatio Doctor	Zip Code 43952-1268 on e Year-to-Date ▼	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional) .			750.00
	TOTAL This Period (last page this line number	r only)	,	71240.55

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 111 (check only one) 11a 11b 11c 12 13 14 15 16 X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	ical Action Co	ommittee	
· <u>/</u>	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank			Date of Receipt
	Mailing Address P O Box 710634			01 31 2011
	Columbus	State OH	Zip Code	Transaction ID: T45353
	Columbus FEC ID number of contributing	C	43240-0634	Amount of Each Receipt this Period 30.63
	federal political committee.	C		
	Name of Employer JP Morgan Chase Bank	Occupation BANK	n	A Credit to the Federal Account
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 30.63	
_	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank			Date of Receipt
	Mailing Address P O Box 710634			0 2 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: T45354
	Columbus	OH	43240-0634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		29.39
	Name of Employer JP Morgan Chase Bank	Occupation BANK	n	A Credit to the Federal Account
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	60.02	
	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank			Date of Receipt
	Mailing Address P O Box 710634			03 31 YYYY 2011
	City	State	Zip Code	Transaction ID: T45356
	Columbus	OH	43240-0634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		33.58
	Name of Employer JP Morgan Chase Bank	Occupation BANK	n	A Credit to the Federal Account
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 93.60	
	SUBTOTAL of Receipts This Page (optional)	•		93.60

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 111 (check only one) 11a 11b 11c 12 13 14 15 16
nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit	Statements may not be sold or used by any persone name and address of any political committee in ical Action Committee	
Full Name (Last, First, Middle Initial) JP Morgan Chase Bank Mailing Address P O Box 710634 City Columbus FEC ID number of contributing federal political committee. Name of Employer JP Morgan Chase Bank	State Zip Code OH 43240-0634 C Occupation BANK	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 127.95	
Full Name (Last, First, Middle Initial) JP Morgan Chase Bank Mailing Address P O Box 710634 City	State Zip Code	Date of Receipt 0 5 3 1 2 0 1 1 Transaction ID: T45359
Columbus FEC ID number of contributing federal political committee.	OH 43240-0634 C Occupation	Amount of Each Receipt this Period 41.17 A Credit to the Federal
Name of Employer JP Morgan Chase Bank Receipt For: Primary General Other (specify) ▼	BANK Aggregate Year-to-Date ▼ 169.12	Account
Full Name (Last, First, Middle Initial) JP Morgan Chase Bank Mailing Address P O Box 710634		Date of Receipt 0 6 3 0 2 0 1 1
City Columbus FEC ID number of contributing federal political committee.	State Zip Code OH 43240-0634 C	Transaction ID: T45360 Amount of Each Receipt this Period 32.24
Name of Employer JP Morgan Chase Bank	Occupation BANK	A Credit to the Federal Account
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 201.36	
SUBTOTAL of Receipts This Page (optional)		107.76
TOTAL This Period (last page this line number	or only)	201.36

_	SUEDIUE DIEENE ANN		
	CHEDULE B (FEC Form 3X)	Use separate schedule(s) (check	INE NUMBER: PAGE 78 / 111
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page X 21 27	b 22 23 24 25 26
	y Information copied from such Reports and State for commercial purposes, other than using the nar		
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A	ction Committee	
	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address 550 Main St		Transaction ID: A2076385 Date of Disbursement O 3 M / D 5 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cincinnati Purpose of Disbursement 1120-POL 12/31/10	State Zip Code OH 45202-5212	Amount of Each Disbursement this Period 84.41
	Candidate Name	Category/ Type	-
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Tax return
	State: District:	_	

		04.44
SUBTOTAL of Disbursements This Page (optional)	>	84.41
TOTAL This Period (last page this line number only)	•	84.41

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check on	E NUMBER: PAGE 79 / 111
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Information copied from such Reports and State or commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A			
 Full Name (Last, First, Middle Initial)			Transaction ID: A2018582
Citizens For Sears			Date of Disbursement
Mailing Address 6711 Monroe St Bldg 3	Ste D		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Sylvania	State Zip Code OH 43560-1993		Amount of Each Disbursement this Period
Purpose of Disbursement		004	300.00
Candidate Name		001 Category/ Type	
Senate President	ement For: 2012 Primary General Other (specify)		
State: District: PRIMA Full Name (Last, First, Middle Initial)	RY 2012		
Friends Of Marlene B Anielski			Transaction ID: A2018581 Date of Disbursement
Mailing Address 17150 Alexander Rd			01 28 2011
City Walton Hills	State Zip Code OH 44146-5023		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	250.00
Candidate Name		Category/ Type	
Senate President	ement For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Friends Of Faber			Transaction ID: A2022178 Date of Disbursement
Mailing Address 7706 State Rte 703			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Celina	State Zip Code OH 45822-2923		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2012 Primary General Other (specify)		
otato. District. Frilly	MIII		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		(check onl	E NUMBER: PAGE 80 / 111	1
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 23 24 25 28a 28b 28c X 29] 2 3
	y Information copied from such Reports and State for commercial purposes, other than using the na					
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	Action Committee				
<u>/</u>	Full Name (Last, First, Middle Initial)				Transaction ID: A2022177	
	The Committee To Elect Manning Mailing Address 5380 Barton Rd				Date of Disbursement O 2	
	City North Ridgeville	State Zip Code OH 44039-2460			Amount of Each Disbursement this Per	riod
	Purpose of Disbursement	74000 2400		204	350.00	
	Candidate Name		Ca	001 ategory/ Type		
	Senate President	ement For: 2014 Primary General Other (specify)				
	State: District: PRIM Full Name (Last, First, Middle Initial)	ARY 2014			Transaction ID: A2022179	
	Citizens For Bill Beagle				Date of Disbursement	
	Mailing Address P O Box 342				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Tipp City	State Zip Code OH 45371-0342			Amount of Each Disbursement this Per	rioc
	Purpose of Disbursement			001	350.00	_
	Candidate Name		Ca	ategory/ Type		
	Senate President	ement For: 2014 Primary General Other (specify) ARY 2014				
	Full Name (Last, First, Middle Initial) Jimmy Stewart For State Senate	*** ***			Transaction ID: A2022176 Date of Disbursement	
	Mailing Address 1021 Four Mile Creek F	d			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Coolville	State Zip Code OH 45723-9502			Amount of Each Disbursement this Per	rioc
	Purpose of Disbursement			001	500.00	_
	Candidate Name		Ca	ategory/ Type		
	Senate President	ement For: 2012 Primary General Other (specify)				
	UBTOTAL of Disbursements This Page (optional			▶	1200.00	_

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 81 / 111
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	,,		
/ Ohio State Medical Association Political	Action Committee		
Full Name (Last, First, Middle Initial) LaRose For Senate			Transaction ID: A2022175 Date of Disbursement
Mailing Address 3800 Rosemont Blvd 1	09C		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} $
City Akron	State Zip Code OH 44333-9263		Amount of Each Disbursement this Period
Purpose of Disbursement		001	350.00
Candidate Name		Category/ Type	
Senate President	sement For: 2014 Primary General Control Office (Specify)		
State: District: PRIM Full Name (Last, First, Middle Initial)	ARY 2014		T .: ID A0000400
Tim Schaffer For Ohio Senate			Transaction ID: A2022180 Date of Disbursement
Mailing Address 1173 Stone Run Ct			
City Lancaster	State Zip Code OH 43130-2781		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	350.00
Candidate Name		Category/ Type	
Senate President	sement For: 2014 Primary General K Other (specify) ▼ ARY 2014		
Full Name (Last, First, Middle Initial) Peterson For Good Government	WII 2017		Transaction ID: A2022181 Date of Disbursement
Mailing Address 1086 Concord Church	Rd		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}^{Y}$
City Chillicothe	State Zip Code OH 45601-9063		Amount of Each Disbursement this Period
Purpose of Disbursement		001	250.00
Candidate Name		Category/ Type	
Senate President	sement For: 2012 Primary General K Other (specify) ▼		
State: District: PRIM	ARY 2012		
			950.00

ny Information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Ohio State Medical Association Politica	atements may no			22
for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)				or the purpose of soliciting contributions
` ,			committee to sol	
	I Action Com	mittee		
Full Name (Last, First, Middle Initial) Friends Of Kris Jordan				Transaction ID: A2022183 Date of Disbursement
Mailing Address 161 Stonebend Dr				$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}2^{M}\end{smallmatrix}] \ \begin{smallmatrix}D\\1\end{smallmatrix}5^{D} \ \begin{smallmatrix}Y\\2\end{smallmatrix}0\ \begin{smallmatrix}Y\\1\end{smallmatrix}1^{Y}$
City Powell	State OH	Zip Code 43065-8314		Amount of Each Disbursement this Period
Purpose of Disbursement			001	350.00
Candidate Name			Category/ Type	
Senate President	ursement For: Primary X Other (spe	2014 General		
	MARY 2014			
Full Name (Last, First, Middle Initial) Goodwin For Representative				Transaction ID: A2022182 Date of Disbursement
Mailing Address 11932 Harris Rd				02 7 15 7 2011
City Defiance	State OH	Zip Code 43512-8906		Amount of Each Disbursement this Period
Purpose of Disbursement			001	350.00
Candidate Name			Category/ Type	
Senate President	ursement For: Primary X Other (spe	2012 General		
State: District: PRII Full Name (Last, First, Middle Initial)	MARY 2012			
Committee To Elect Bob Hackett For S	tate Represer	ntative		Transaction ID: A2029093 Date of Disbursement
Mailing Address 2050 Palouse Dr				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & P \\ Z & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $
City London	State OH	Zip Code 43140-9019		Amount of Each Disbursement this Period
Purpose of Disbursement			001	350.00
Candidate Name			Category/ Type	
Office Sought: House Disbuter Senate President	ursement For: Primary X Other (spe	2012 General		
	MARY 2012			
SUBTOTAL of Disbursements This Page (option	 nal)		_	1050.00

ITEMIZED			parate schedule(s)	FOR LINE (check only	NUMBER: PAGE 83 / 111
	DISBURSEMEN		n category of the discussion o	21b 27	22 23 24 25 28 28a 28b 28c X 29
					for the purpose of soliciting contributions licit contributions from such committee
NAME OF	COMMITTEE (In Full) e Medical Association F	-			
,	Last, First, Middle Initial) bp For State Rep Com	mittee			Transaction ID: A2029096 Date of Disbursement
Mailing Add	ress 18877 State Rt	e 136			$\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\21\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}Y\\2011\end{smallmatrix}$
City Wincheste	er	State OH	Zip Code 45697-9449		Amount of Each Disbursement this Period
·	Disbursement			001	350.00
Candidate N		I Distance I For	2010	Category/ Type	
Office Soug	Senate President	Disbursement For: Primary X Other (sp	General		
,	District: Last, First, Middle Initial) ke For State Represent	PRIMARY 2012			Transaction ID: A2027954
Mailing Add	<u> </u>				Date of Disbursement O 2 M / D D / Y Y Y O Y 1 Y O 2 1 Y Z O 1 1 Y
City Marysville		State OH	Zip Code 43040-1019		Amount of Each Disbursement this Period
	Disbursement			001	350.00
Candidate N				Category/ Type	
Office Soug	Senate	Disbursement For: Primary	General		
21.1	President	X Other (sp	becity)		
,	District: Last, First, Middle Initial) for Charleta Tavares	X Other (sp PRIMARY 2012			Transaction ID: A2027955 Date of Disbursement
Full Name (District: Last, First, Middle Initial) or Charleta Tavares	PRIMARY 2012			
Full Name (Citizens F	District: Last, First, Middle Initial) for Charleta Tavares ress 1003 Cloverly I	PRIMARY 2012	Zip Code 43230-6218		Date of Disbursement M 2 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Citizens F Mailing Add City Columbus Purpose of	District: Last, First, Middle Initial) or Charleta Tavares lress 1003 Cloverly I Disbursement	Dr State	Zip Code	001	Date of Disbursement O 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Citizens F Mailing Add City Columbus Purpose of Candidate N	District: Last, First, Middle Initial) for Charleta Tavares ress 1003 Cloverly I Disbursement	Dr State OH	Zip Code 43230-6218	001 Category/ Type	Date of Disbursement M 2 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Citizens F Mailing Add City Columbus Purpose of	District: Last, First, Middle Initial) for Charleta Tavares ress 1003 Cloverly I Disbursement	Dr State	Zip Code 43230-6218 2014 General	Category/	Date of Disbursement M 2 M / D 2 D / Y Y Y Y Y Amount of Each Disbursement this Period

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IΓ	EMIZED DI\$	SBURSEMEN	15		category of the Summary Page		Ė	21b 27	É	22 28a	П	23 28b	П	24 28c	X	25 29	Н
or f	or commercial pur	ed from such Reports															i
	Ohio State Me	MITTEE (In Full) dical Association F	Political Ac	tion Com	mittee												
	•	First, Middle Initial) Representative C 105 W Liberty								Date of 0 2	of D	sburs				0 1 1	Y
	City Medina			State OH	Zip Code 44256-2215					Amou	nt o	f Each	n Disl	ourse	ment	this F	Period
	Purpose of Disbu	rsement					00			L.	_	•	-		100	00.00	
	Candidate Name Office Sought:	House	Disburse	ment For:	2012		ate Typ	gory/ oe									
	State:	Senate President District:		Primary Other (spe	General												
	Full Name (Last, Citizens For Ar	First, Middle Initial) nne Gonzales	•							Trans	of D	sburs	emer			V	V
	Mailing Address 865 Macon Alley									0 ^M 2	М	^D 2	2 1	/ L'	ž	0 1 1	<u> </u>
	City Columbus Purpose of Disbu	reamant		State OH	Zip Code 43206-2652					Amou	nt o	f Each	n Disl	ourse		this F	
	Candidate Name						00 ate	gory/				^			•		
	Office Sought:	House Senate President		Primary Other (spe	2012 General												
	, .	District: First, Middle Initial)	PRIMAF	RY 2012						Trans	acti	on ID	: A	2029	095		
	Citizens For M Mailing Address	•	Dr							Date of	of Di	/ D	emer	nt / N	ž	0 1 1	Y
	City	645 Farrington	(State	Zip Code					Amou	nt o			ourse			
	Worthington Purpose of Disbu	rsement		ОН	43085-3531	_									2	50.00	
Candidate Name							00 ate Typ	gory/									
	Office Sought:	House Senate President		Primary Other (spe	2012 General												
	State:	District:	PRIMAF	RY 2012													

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s))		INE NUME only one)	BEK:		L	PAGE	85 / 1	11
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21k 27	22 288		23 28b	24 28	c X	25 29	
	y Information copied from such Reports and Sta or commercial purposes, other than using the r										
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	· ·									
<u>/</u>	Full Name (Last, First, Middle Initial) Terry Johnson For State Representative				I	nsacti e of Di		: A20	29097	7	
	Mailing Address 74A McDaniel Rd				0 ^M	2 ^M	^D 2	21	Y Ž	011	Y
	City Mc Dermott	State Zip Code OH 45652-8962			Am	ount of	Each	Disbur			-
	Purpose of Disbursement			001					. 2	50.00	
	Candidate Name		ı	tegory/ ype							
	Senate President	rsement For: 2012 Primary General X Other (specify)									
	Full Name (Last, First, Middle Initial)	MARY 2012						: A20	29113	3	
	Kristina Daley Roegner For Ohio Mailing Address 6519 Dunbarton Rd			Dat 0			ement	Y Y	0 1 1	Y	
	City	State Zip Code			Am	ount of	Each	Disbur	semen	t this P	Period
	Hudson Purpose of Disbursement	OH 44236-3576		201	7 C				2	50.00	
	Candidate Name		Ca	001 tegory/ ype							
	Senate President	Primary General X Other (specify) MARY 2012									
	Full Name (Last, First, Middle Initial) Matt Huffman For State Representative	**************************************			Dat	e of Di	sburse		29110)	
	Mailing Address 2233 Merit Dr				0 ^M	2 ^M	^D 2	25	^Y 2	0 1 1	Y
	City Lima	State Zip Code OH 45805-2526			Am	ount of	Each	Disbur			-
	Purpose of Disbursement Candidate Name			001					. 3	50.00	
				tegory/ ype							
	Senate President	rsement For: 2012 Primary General X Other (specify) ▼ MARY 2012									
	DISTRICT LEGISLATION	MAITI 4014			1						

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s		LINE NUMBER: PAGE 86 / 111
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211	b 22 23 24 25 28 28b 28c X 29
	y Information copied from such Reports and Stat or commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	Action Committee		
<u>v </u>	Full Name (Last, First, Middle Initial) Citizens For Lehner			Transaction ID: A2029117 Date of Disbursement
	Mailing Address 533 Lockerbie Ln			02 7 25 7 2011
	City Kettering	State Zip Code OH 45429-1636		Amount of Each Disbursement this Perio
	Purpose of Disbursement		001	350.00
	Candidate Name		Category/ Type	
	Senate President	rsement For: 2012 Primary General X Other (specify)		
	State: District: PRIM Full Name (Last, First, Middle Initial)	IARY 2012		Transaction ID: A2029108
	Committee To Elect Blessing			Date of Disbursement
	Mailing Address 3153 McGill Ln			02 7 2 5 7 2 0 1 1
	City Cincinnati	State Zip Code OH 45251-3111		Amount of Each Disbursement this Perio
	Purpose of Disbursement		001	350.00
	Candidate Name		Category/ Type	
	Senate President	rsement For: 2012 Primary General X Other (specify) ▼ IARY 2012		
	Full Name (Last, First, Middle Initial) Boose For State Representative	WITT 2012		Transaction ID: A2029103 Date of Disbursement
	Mailing Address 5054 State Rte 601			02 7 25 7 2011
	City Norwalk	State Zip Code OH 44857-9132		Amount of Each Disbursement this Perio
	Purpose of Disbursement		001	350.00
	Candidate Name		Category/ Type	
	Senate President	rsement For: 2012 Primary General X Other (specify) ▼		
	State: District: PRIM	IARY 2012		

	CHEDULE B (FEC FOIIII 3A)	Use separate schedule(s) FOR LIN	IE NUMBER: PAGE 87 / 111
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
	y Information copied from such Reports and for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	•		
<u> </u>	Full Name (Last, First, Middle Initial) Citizens For Cheryl Grossman			Transaction ID: A2029120 Date of Disbursement
	Mailing Address 3955 Brown Park D	r Ste A		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Hilliard	State Zip Code OH 43026-3137	,	Amount of Each Disbursement this Period
	Purpose of Disbursement		001	500.00
	Candidate Name		Category/ Type	
	Senate President	sbursement For: 2012 Primary General X Other (specify)		
	State: District: Pl Full Name (Last, First, Middle Initial)	RIMARY 2012		
	Citizens For Jim Hughes			Transaction ID: A2029119 Date of Disbursement
	Mailing Address 14 E Gay St 2nd Fl			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Columbus	State Zip Code OH 43215-3182		Amount of Each Disbursement this Period
	Purpose of Disbursement		001	350.00
	Candidate Name		Category/ Type	
	Senate President	sbursement For: 2012 Primary General X Other (specify) ▼ RIMARY 2012		
	Full Name (Last, First, Middle Initial) Citizens For Kevin Bacon	111/1/11/12		Transaction ID: A2029101 Date of Disbursement
	Mailing Address 5325 Ponderosa Dr			02 0 2 0 1 1
	City Columbus	State Zip Code OH 43231-4033		Amount of Each Disbursement this Period
	Purpose of Disbursement		001	500.00
	Candidate Name		Category/ Type	
	Senate President	Sbursement For: 2014 Primary General X Other (specify)		
	plaie: District LPI	RIMARY 2014		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		R LINE NUMBER: PAGE 88 / 111 eck only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 22 23 24 25 27 28a 28b 28c X 29
				erson for the purpose of soliciting contributions ee to solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	cal Action Committee		
<u> </u>	Full Name (Last, First, Middle Initial) Committee To Elect Lynn Wachtman	1		Transaction ID: A2029098 Date of Disbursement
	Mailing Address 550 Euclid Ave			02 0 2 5 7 2 0 1 1
	City Napoleon	State Zip Code OH 43545-2028	3	Amount of Each Disbursement this Period
	Purpose of Disbursement		001	300.00
	Candidate Name	bursement For: 2012	Categor Type	· ·
	Senate President	Primary General X Other (specify) ▼		
	Full Name (Last, First, Middle Initial)	RIMARY 2012		Transaction ID: A2029114
	Friends Of Tom Patton Mailing Address 17157 Rabbit Run [)r		Date of Disbursement O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Strongsville Purpose of Disbursement	OH 44136-6243		350.00
	Candidate Name		001 Categor Type	-
	Senate President	bursement For: 2012 Primary General X Other (specify)		
	Full Name (Last, First, Middle Initial) Friends Of Nan Baker			Transaction ID: A2029106 Date of Disbursement
	Mailing Address 4477 Mallard Cir			02 02 0 11
	City Westlake	State Zip Code OH 44145-6303	3	Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Name		001 Categor	350.00 ry/
	Senate President	bursement For: 2012 Primary General X Other (specify)	Туре	
	otate. District.	IIIVI/ALLI ZUIZ		

SCHEDULE B (FEC For	-		arate schedule(s)			R LINE	NUMB	ER:			P	AGE	89 /	111
ITEMIZED DISBURSEM	_	Detailed	category of the Summary Page		À	21b 27	22 28a		23 28b		24 28c		25 29	2
Any Information copied from such Re or for commercial purposes, other that														3
NAME OF COMMITTEE (In Full)	T doing the flam		oo or arry pointiour			.00 10 00								
Ohio State Medical Associat	on Political Ad	ction Com	mittee											
Full Name (Last, First, Middle Initi Friends Of Jarrod B Martin	al)						1		ion I l		A202 ment	9123	3	
Mailing Address 2098 Fairk	noll Dr						0 ^M 2	M	/ D	2	5 /	ž	0 1 1	I
City Dayton		State OH	Zip Code 45431-3237				Amo	unt c	f Eac	ch [Disburs	emen	t this F	Period
Purpose of Disbursement				Г	00.	1	L					3	50.00)
Candidate Name					ateg Typ	-								
Office Sought: House Senate President		ement For: Primary Other (spe	2012 General											
State: District:		RY 2012												
Full Name (Last, First, Middle Initi Friends Of Mike Henne	al)								ion I I isbur		A206 ment	1119)	
Mailing Address 8447 Diam	ond Mill Rd						o [™] 3	M	/ D	0	8 /	ž	0 1 1	l Y
City Clayton		State OH	Zip Code 45315-9665				Amo	unt c	of Eac	ch [Disburs	emen	t this F	Period
Purpose of Disbursement					00	1						2	50.00)
Candidate Name					ateg Typ									
Office Sought: House Senate President		ement For: Primary Other (spe	2012 General											
State: District:		RY 2012												
Full Name (Last, First, Middle Initi Citizens For Wagoner	al)						Date	of D	isbur	ser				
Mailing Address 7445 Airpo	rt Hwy						0 [™] 3	, M	/ D	0	8 /	ž	0 1 1	l Y
City Holland		State OH	Zip Code 43528-9544				Amo	unt c	f Eac	ch [Disburs			
Purpose of Disbursement				Г	00							3	50.00)
Candidate Name					00 ⁻ ateg Typ	ory/								
Office Sought: House Senate President		ement For: Primary Other (spe	2012 General											
State: District:	PRIMAI	RY 2012												
SUBTOTAL of Disbursements This	Page (optional) .		·····									95	50.00)
TOTAL This Period (last page this I	ne number only)					•								

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check o	IE NUMBER: PAGE 90 / 111
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 23 24 25 28a 28b 28c X 29
	y Information copied from such Reports and Sta or commercial purposes, other than using the r				
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	I Action Committee			
<u>/</u>	Full Name (Last, First, Middle Initial) Citizens To Elect John Patrick Carney				Transaction ID: A2034128 Date of Disbursement
	Mailing Address 357 E Torrence Rd				03 / 21 / 2011
	City Columbus	State Zip Code OH 43214-3837	7		Amount of Each Disbursement this Perio
	Purpose of Disbursement		-	001	250.00
	Candidate Name	ursement For: 2012		ategory/ Type	
	Senate President	Primary General X Other (specify)			
	State: District: PRI Full Name (Last, First, Middle Initial)	MARY 2012			Transaction ID: A2034121
	Citizens For Hottinger				Date of Disbursement
	Mailing Address 2135 Horns Hill Rd				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Newark	State Zip Code OH 43055-9614	ļ.		Amount of Each Disbursement this Perio
	Purpose of Disbursement			001	350.00
	Candidate Name		1	ategory/ Type	
	Senate President	ursement For: 2012 Primary General X Other (specify) ▼ MARY 2012			
	Full Name (Last, First, Middle Initial) Citizens For Mike Dovilla	VIAITI 2012			Transaction ID: A2034125 Date of Disbursement
	Mailing Address 62 Harnagy St				03
	City Berea	State Zip Code OH 44017-2440)		Amount of Each Disbursement this Perio
	Purpose of Disbursement			001	250.00
	Candidate Name			ategory/ Type	
	Senate President	ursement For: 2012 Primary General X Other (specify) ▼			
	State: District: PRI	MARY 2012			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 91 / 111
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
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NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) Citizens For Combs			Transaction ID: A2034129 Date of Disbursement
Mailing Address 311 Niles Rd Ste F			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
City Fairfield	State Zip Code OH 45014-2621		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	[001 Category/	350.00
	sement For: 2012	Type	
Senate President	Primary General X Other (specify) ▼		
State: District: PRIM Full Name (Last, First, Middle Initial) The Committee To Elect Niehaus	ARY 2012		Transaction ID: A2034119 Date of Disbursement
Mailing Address 1131 Little Indian Cree	∢ Rd		0 3 / 2 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Richmond	State Zip Code OH 45157-9602		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	1000.00
Candidate Name		Category/ Type	
Senate President	sement For: 2012 Primary General X Other (specify) ARY 2012		
Full Name (Last, First, Middle Initial) Committee To Elect Peter Stautberg			Transaction ID: A2034130 Date of Disbursement
Mailing Address 7571 Ayers Rd			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}^{Y}$
City Cincinnati	State Zip Code OH 45255-3914		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		001 Category/	350.00
Office Sought: House Disbu	sement For: 2012 Primary General	Type	
State: President PRIM	X Other (specify) ▼ ARY 2012		
			1700.00

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Rep	oublican Se	First, Middle Initial) nate Campaign C							Date		n ID: oursem			0 1 1	Y
iviaiii	ing Address	4679 Winterse	et Dr						0.3		Z 1		2 (0 1 1	
	umbus		State OH		Zip Code 43220-8113				Amou	nt of E	ach D	isburs	-	this P	erio
	didate Name	irsement				Ca	001 atego	ory/		•		• •	100	0.00	
	ce Sought:	House Senate President		nary er (speci	2012 General		Type	•							
State		District: First, Middle Initial)	PRIIVIARY	2012					Tropo	ti - :	. ID.	A203	4107		
	Stebelton For State Representative										oursem		4127		
Maili	Mailing Address 536 E Allen St								0 3	M /	2 1) /	ž	0 1 1	Υ
City Lan	ıcaster		State OH		Zip Code 43130-2633				Amou	nt of E	ach D	isburs			erio
Purp	oose of Disbu	rsement					001					-	30	0.00	
Can	Candidate Name					Ca	atego Type	ory/							
	ce Sought:	House Senate President District:		nary er (speci	2012 General fy) ▼										
State		First, Middle Initial)	PRIIVIANT	2012					Trans	action	ı ID:	A203	/121		
Troy	y Baldersor	n For State Repre	sentative						Date		oursem	ent		Υ	Υ
Maili	ing Address	3760 Greenbri	ar Dr						0 3		2 1	_ L	2 (0 1 1	_
City Zan	nesville		State OH		Zip Code 43701-6467				Amou	nt of E	ach D	isburs	-		erio
Purp	oose of Disbu	irsement					001			_		-	35	0.00	-
Can	didate Name					Ca	atego Type	ory/							
	ce Sought:	House Senate President	X Oth	nary er (speci	2012 General fy) ▼										
State	e:	District:	PRIMARY 2	2012											

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IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nat NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A	ne and address of any politica		
\mathbb{L}		etion committee		
	Full Name (Last, First, Middle Initial) Ohio House Republican Organizational C Mailing Address 100 E Broad St Ste 222			Transaction ID: A2042304 Date of Disbursement O 3
	City	State Zip Code		Amount of Each Disbursement this Period
	Columbus	OH 43215-3607		
	Purpose of Disbursement Candidate Name		001 Category/	500.00
	Office Sought: House Disburr Senate President	ement For: 2012 Primary General Other (specify) ARY 2012	Туре	
	Full Name (Last, First, Middle Initial) Jason Wilson For Senate Committee			Transaction ID: A2042317 Date of Disbursement
	Mailing Address 252 W Main St		03 / 29 / 2011	
	City Saint Clairsville	State Zip Code OH 43950-1061		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		001 Category/ Type	250.00
	Senate President	Primary General Other (specify) ARY 2012		
	Full Name (Last, First, Middle Initial) Citizens For Gardner			Transaction ID: A2042309 Date of Disbursement
	Mailing Address 900 S Mitchell Rd			03 / 29 / 2011
	City Bowling Green	State Zip Code OH 43402		Amount of Each Disbursement this Period
	Purpose of Disbursement		001	350.00
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Ohio State Medical Association Po				
<u>/</u>	Full Name (Last, First, Middle Initial) Citizens For McKenney				Transaction ID: A2042314 Date of Disbursement
	Mailing Address 17 S Main St Ste	100			$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&M\end{smallmatrix}\end{bmatrix}^\top\begin{bmatrix}\begin{smallmatrix}D&2&D\\2&9\end{smallmatrix}\end{bmatrix}^\top\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}\end{bmatrix}^\top$
	City Akron	State Zip C OH 443	Code 08-1803		Amount of Each Disbursement this Period
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		Disbursement For:	2012	Category/ Type	
	Senate President	Primary X Other (specify)	General		
	Full Name (Last, First, Middle Initial)	PRIMARY 2012			Transaction ID: A2042306
	Citizens For Terry Blair Mailing Address 10280 Grand Visi	a Dr			Date of Disbursement O 3 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip 0	Code		Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Butler For Ohio				Transaction ID: A2042650 Date of Disbursement
	Mailing Address 2321 Miami Villaç	ge Dr			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 1 & 1 \end{smallmatrix} \end{bmatrix} $
	City Miamisburg	State Zip 0 OH 453	Code 42-7235		Amount of Each Disbursement this Perio
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NAME OF COMMITTEE (In Full)											
Ohio State Medical Association Political A	ction Committee										
Full Name (Last, First, Middle Initial) Committee To Elect Jeff McClain			Transaction ID: A2045749 Date of Disbursement								
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Mailing Address 428 S Sandusky Ave			0 4	1	3 /	20	1,1				
City Upper Sandusky	State Zip Code OH 43351-1567		Amount	of Each	Disburse	ement th	nis Period	1			
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Friends Of Tim Derickson			Date of D			, , , ,	W * W				
Mailing Address 1855 Gardner Rd			0 4	/ 1	3 /	Ž0	11				
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Citizens For Dave Hall			Date of D	Disburse	ment		V . V				
Mailing Address 31 Hillside Dr			0 4	1	^D / N	20	1 1 Y				
City Millersburg	State Zip Code OH 44654-1412		Amount o	of Each	Disburse	ment th	nis Period	<u> </u>			
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\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	Action Committee			
<u></u>	Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus				Transaction ID: A2046332 Date of Disbursement
	Mailing Address 340 E Fulton St				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0^4&M\end{smallmatrix}\end{bmatrix}^{\ /}\ \begin{bmatrix}\begin{smallmatrix}D&D&D\\1^4&4\end{smallmatrix}\end{bmatrix}^{\ /}\ \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2^4&0^4&1\end{smallmatrix}\end{bmatrix}^{\ Y}$
	City Columbus	State Zip Code OH 43215-5418	3		Amount of Each Disbursement this Period
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	State: District: PRIM Full Name (Last, First, Middle Initial)	1ARY 2012			Transaction ID: A2046330
	Andy Thompson For State Representati	ve			Date of Disbursement
	Mailing Address 416 Strecker Ln				04 15 2011
	City Marietta	State Zip Code OH 45750-9628	3		Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Citizens For Garland	, W. C.			Transaction ID: A2052541 Date of Disbursement
	Mailing Address 4983 Meadway Dr				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} $
	City New Albany	State Zip Code OH 43054-9697	7		Amount of Each Disbursement this Period
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Mailing Address 5206 Crown Pointe	Dr			$\begin{bmatrix} \begin{smallmatrix} M \\ D \\ D \end{smallmatrix} \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \end{smallmatrix} \end{bmatrix} \overset{Y}{D} \overset{Z}{D} \overset{Z}{D} \overset{Z}{D} \overset{Z}{D} \overset{Z}{D} \mathsf$
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Friends Of Shannon Jones Mailing Address 800 Valley View Poi	nt.			Date of Disbursement M M J D D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 800 Valley View Poi City		Code		
Springboro)66-9097		Amount of Each Disbursement this Perio
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Mailing Address 810 Piper Rd				$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} $
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Ohio State Medical Association Political A	ction Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: A2052548
Dave Burke For State Representative			Date of Disbursement
Mailing Address 411 W 5th St			$\begin{bmatrix} 0.5 & \text{M} & \text{M} & \text{D} & \text{D} & \text{D} & \text{M} & \text{Y} &$
City Marysville	State Zip Code OH 43040-10)19	Amount of Each Disbursement this Period
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Driehaus For State Representative			Date of Disbursement
Mailing Address 4990 Relleum Ave			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Cincinnati	State Zip Code OH 45238-38	306	Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Karen Gillmor For Ohio			Transaction ID: A2052542 Date of Disbursement
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 514 Hedgegate North Ct			05 02 2011
City Tiffin	State Zip Code OH 44883-3	183	Amount of Each Disbursement this Perio
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	y Information copied from such Reports and State or commercial purposes, other than using the nar								
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A	ction Committee							
<u>/</u>	Full Name (Last, First, Middle Initial) Matt Huffman For State Representative					ction ID: Disburse	ment	2549	
	Mailing Address 2233 Merit Dr				0 ^M 5 M	/ DO	^D /	Ý Ž0	111
	City Lima	State Zip Code OH 45805-2526			Amoun	of Each	Disburs		
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	Seitz For Senate Committee				Date of	Disburse	ment		Ϋ́Υ
	Mailing Address 4401 Abby Ct				0 5	1	0 /	20	111
	City Cincinnati	State Zip Code OH 45248-2306			Amoun	of Each	Disburs		
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	Full Name (Last, First, Middle Initial) Friends Of David Daniels				Date of	ction ID: Disburse	ment		
	Mailing Address P O Box 39				0 ^M 5 M	/ D	0 /	Ý Ž0	11
	City Greenfield	State Zip Code OH 45123-0039			Amoun	of Each	Disburs		
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	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political			
<u></u>	Full Name (Last, First, Middle Initial)			Transaction ID: A2053403
	Citizens For Sears			Date of Disbursement
	Mailing Address 6711 Monroe St Bldg 3	Ste D		05 M / D D / Y 2 0 1 1 Y
	City Sylvania	State Zip Code OH 43560-1993		Amount of Each Disbursement this Period
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	Citizens For Amstutz			Transaction ID: A2053404 Date of Disbursement
	Mailing Address 4456 Woodlake Trl			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Wooster	State Zip Code OH 44691-8582		Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Citizens For Anne Gonzales			Transaction ID: A2054794 Date of Disbursement
	Mailing Address 865 Macon Alley			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Columbus	State Zip Code OH 43206-2652		Amount of Each Disbursement this Period
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	y Information copied from such Reports are commercial purposes, other than using					
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Po	litical Action Committee				
<u> </u>	Full Name (Last, First, Middle Initial) Friends Of Connie Pillich				Transaction ID: Date of Disburser	nent
	Mailing Address 9910 Forestglen	Dr			0 5 1 7	7 2011
	City Cincinnati	State Zip Co OH 4524	ode 2-5116		Amount of Each D	Disbursement this Period
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	State: District: Full Name (Last, First, Middle Initial)	PRIMARY 2012			Transaction ID:	A2055501
	Committee To Elect Lynn Wachtm	ann			Date of Disburser	nent
	Mailing Address 550 Euclid Ave				05 23	2011
	City Napoleon	State Zip Co OH 4354	ode 5-2028		Amount of Each [Disbursement this Perio
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	Full Name (Last, First, Middle Initial) Friends Of Shirley A Smith				Transaction ID: Date of Disburser	nent
	Mailing Address 13901 Woodword	h Ave			0 5 2 3	2011
	City Cleveland	State Zip Co OH 4411	ode 2-1919		Amount of Each D	Disbursement this Perio
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Ohio State Medic	, ,	olitical Acti	on Com	mittee											
Full Name (Last, Fir Citizens For Kevi								Date	of D	Disbu	ırsem		5592		
Mailing Address	5325 Ponderos	a Dr						0 ^M 5	М	/	2 3		ž	0 1 1	Y
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City Medina			ate H	Zip Code 44256-2215				Amo	unt c	of Ea	ich D	isburse	ement	this P	'eric
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	y Information copied from such Reports and State for commercial purposes, other than using the national states.									
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<u>/</u>	Full Name (Last, First, Middle Initial) Citizens With Celeste				Transact Date of D	t ion ID: Disbursem		6412		
	Mailing Address 366 E Broad St				06	0 1		žo) 1 1	
	City Columbus	State Zip Code OH 43215-3819			Amount	of Each D	isburse			riod
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	Full Name (Last, First, Middle Initial) Committee To Elect Hite					Disbursen	nent			
	Mailing Address 2417 Westmoor Rd				06	0 1		žo	11	
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Ohio State Medical Association Political A	e and address of any political comm	
V \.	Full Name (Last, First, Middle Initial) Friends Of Bill Coley Mailing Address 8265 Cherry Laurel Dr		Transaction ID: A2057553 Date of Disbursement O 6 M / D 1 O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Liberty Township Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
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 B.	Full Name (Last, First, Middle Initial) Friends Of Dan Ramos Mailing Address 1828 W 38th St		Transaction ID: A2057557 Date of Disbursement O 6
	City Lorain Purpose of Disbursement Candidate Name	Cate	Amount of Each Disbursement this Period 100.00 101 egory/ ype
	Senate President X	ement For: 2012 Primary General Other (specify) RY 2012	
	Full Name (Last, First, Middle Initial) Friends Of Debbie Phillips Mailing Address 48 Hudson Ave		Transaction ID: A2057554 Date of Disbursement O 6 D D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Athens Purpose of Disbursement	State Zip Code OH 45701-2031	Amount of Each Disbursement this Period 350.00
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	UBTOTAL of Disbursements This Page (optional)		950.00

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NAME	OF COMMITTEE (In F	=ull)			-									
	me (Last, First, Middle ommittee To Elect									n ID:		7549		
Mailing	Address 1131 Li	ttle Indian Cre	eek Rd					0 ^M 6	M /	^D 1 0		Ý Ž0	1 1 `	ď
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City Celina	l		State OH	Zip Code 45822-2923				Amo	unt of E	Each Di	sburs	ement t		rio
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NAME OF COMMITTEE Ohio State Medical A	(In Full)											
Full Name (Last, First, M Friends Of Lou Genti	•						nsaction of Dis			7558		
Mailing Address 500	Luray Dr					0	5 ^M /	1 0		ž) 1 1 °	
City Wintersville		State OH	Zip Code 43953-3972			Amo	ount of	Each D	isburse	-		rioc
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Mailing Address 550	E Walnut St					lo ^M (6 M /	10		ž () 1 1 [°]	
City Columbus		State OH	Zip Code 43215-5323			Amo	ount of	Each D	isburse	-		rio
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or fo	Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	ne and address of any political of										
٠	Full Name (Last, First, Middle Initial) Citizens To Elect John Patrick Carney Mailing Address 357 E Torrence Rd				Trans Date o		burse			51 Ž 0	(1 Y	
-	City Columbus Purpose of Disbursement	State Zip Code OH 43214-3837	, oc)1	Amou	nt of	Each	Disbu	ursem	ent thi 250.	-	od
Ī	Senate President	ement For: 2012 Primary General Other (specify)	Cate Typ	gory/								
3.	State: District: PRIM Full Name (Last, First, Middle Initial) Citizens For Schuring Committee Mailing Address 400 Market Ave N Ste 4	00A			Trans Date of		burse			45 Ž 0	(1)	
-	City Canton Purpose of Disbursement Candidate Name Citizens For Schuring Committee	State Zip Code OH 44702-1553	00 Cate	gory/	Amou	nt of	Each	Disbu	ursem	ent thi		od
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. (Full Name (Last, First, Middle Initial) Citizens For Mike Duffey Mailing Address 645 Farrington Dr				Trans Date of		burse			32 20	(1 Y	
	City Worthington Purpose of Disbursement Candidate Name	State Zip Code OH 43085-3531	00 Cate	gory/	Amou	nt of	Each	Disbu	ursem	350.		od
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\rangle	NAME OF COM	·											
	Full Name (Last, Kathleen Clyde	First, Middle Initial) e Committee							ction ID	_	57531		
	Mailing Address	1641 Overlook	Rd					0 6	/ D	10 /	Ž	0 1 1 °	Y
	City Kent		Sta Ol		Zip Code 44240-5903			Amour	t of Eacl	n Disbur			erioc
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	, ,	District: First, Middle Initial) epublican Organiza	PRIMARY						nction ID		57550		
	Mailing Address	100 E Broad St						0 6	_	1 0	y y	0 1 1	Y
	City Columbus		Sta Oł		Zip Code 43215-3607			Amour	it of Eacl	n Disbur	sement	this Pe	erio
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	State:	District: First, Middle Initial)	PRIMARY	2012									
	•	For State Represe	entative					Date of	ction ID	ement		Υ,	Y
	Mailing Address 74A McDaniel Rd							0 6		10 /	2	0 1 1	
	City Mc Dermott		Sta Ol		Zip Code 45652-8962			Amour	t of Eacl	n Disbur			erio
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			Dieboor	t [0010		ype						
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 28a 28b 28c X 29			
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Ac	tion Committee					
Full Name (Last, First, Middle Initial) Troy Balderson For State Representative			Transaction ID: A2059345 Date of Disbursement			
Mailing Address 3760 Greenbriar Dr			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y \\ D & D & D & D \end{smallmatrix} \end{bmatrix}$			
Zanesville	State Zip Code OH 43701-6467		Amount of Each Disbursement this Period			
Purpose of Disbursement Candidate Name		001 Category/	350.00			
President	Primary General Other (specify) ▼	Туре				
State: District: PRIMAF Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	Y 2012		Transaction ID: A2059343 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4679 Winterset Dr	7:a Cada					
Columbus	State Zip Code OH 43220-8113		Amount of Each Disbursement this Period 2500.00			
Purpose of Disbursement Candidate Name		001 Category/ Type				
	Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) Committee To Elect Blessing			Transaction ID: A2059344 Date of Disbursement			
Mailing Address 3153 McGill Ln			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $			
	State Zip Code OH 45251-3111		Amount of Each Disbursement this Period			
Purpose of Disbursement Candidate Name		001 Category/ Type	350.00			
President X	Primary General Other (specify) ▼	1,300				
State: District: PRIMAF SUBTOTAL of Disbursements This Page (optional)			3200.00			
TOTAL This Period (last page this line number only).						

Use separate schedule(s)					NUMBER: PAGE 110 / 11
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22 23 24 25 28a 28b 28c X 29
	y Information copied from such Reports and Sta or commercial purposes, other than using the n				
\rangle	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	Action Committee			
<u>/</u>	Full Name (Last, First, Middle Initial) Committee To Elect Peter Stautberg				Transaction ID: A2059346 Date of Disbursement
	Mailing Address 7571 Ayers Rd				$\begin{array}{c c} \begin{array}{c c} M & M \end{array} & \begin{array}{c c} D & D & D \end{array} & \begin{array}{c c} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $
	City Cincinnati	State Zip Code OH 45255-3914	ļ.		Amount of Each Disbursement this Peri
	Purpose of Disbursement Candidate Name		1 —	001 tegory/	350.00
		rsement For: 2012	1	ype	
	Senate President	Primary General X Other (specify) ▼			
	State: District: PRIM Full Name (Last, First, Middle Initial) Friends Of Tom Patton	IARY 2012			Transaction ID: A2059863
	Mailing Address 17157 Rabbit Run Dr				Date of Disbursement M M D D D D Y Y Y O 1 1
	City Strongsville	State Zip Code OH 44136-6243	<u> </u>		Amount of Each Disbursement this Peri
	Purpose of Disbursement			001	500.00
	Candidate Name		1	egory/ ype	
	Senate President	rsement For: 2012 Primary General X Other (specify) ▼ IARY 2012			
	Full Name (Last, First, Middle Initial) Hagan For State Representative	WIII 2012			Transaction ID: A2059862 Date of Disbursement
	Mailing Address 11201 Marlboro Ave.				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Alliance	State Zip Code OH 44601			Amount of Each Disbursement this Peri
	Purpose of Disbursement Candidate Name		-	001 tegory/	200.00
				ype	
	Senate President	rsement For: 2012 Primary General X Other (specify)			
	State: District: PRIM	IARY 2012			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IE NUMBER: PAGE 111 / 111					
ITEMIZED DISBURSEMENTS	for each category of the	(check only						
	Detailed Summary Page	21b	22 23 24 25 26					
		27	28a 28b 28c X 29 30b					
Any Information copied from such Reports and States or for commercial purposes, other than using the name	ments may not be sold or used ne and address of any political o	by any person to committee to so	for the purpose of soliciting contributions licit contributions from such committee					
NAME OF COMMITTEE (In Full)								
Ohio State Medical Association Political A	Action Committee							
Full Name (Last, First, Middle Initial)			Transaction ID: A2059861					
Butler For Ohio			Date of Disbursement					
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Mailing Address 2321 Miami Village Dr			06 24 2011					
City	State Zip Code		Amount of Each Disbursement this Period					
Miamisburg	OH 45342-7235							
Purpose of Disbursement		001	600.00					
Candidate Name		Category/						
		Type						
Senate	ement For: 2012 Primary General Other (specify)							
State: District: PRIMA	ARY 2012							
Full Name (Last, First, Middle Initial)			Transaction ID: A2059958					
Tim Schaffer For Ohio Senate			Date of Disbursement					
			0 6 2 8 2 0 1 1					
Mailing Address 1173 Stone Run Ct			06 28 7 2011					
City	State Zip Code		Amount of Each Disbursement this Period					
Lancaster	OH 43130-2781							
Purpose of Disbursement Mailing Labels	55.22							
Candidate Name		Category/						
		Type						
Office Sought: House Disburs	ement For: 2014		La Mia d					
Senate	Primary General		In-Kind					
President	C Other (specify) ▼							
State: District: PRIMA	ARY 2014							

SUBTOTAL of Disbursements This Page (optional)	•	655.22
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State: